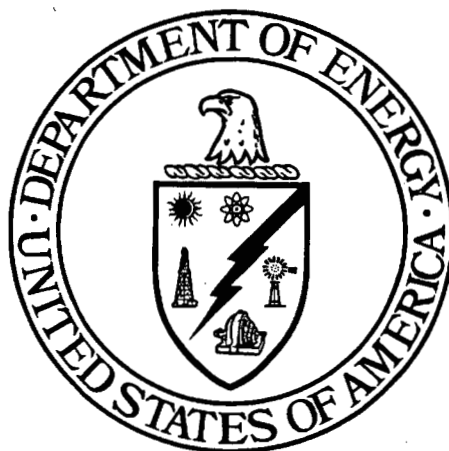


# 2001 RCRA ANNUAL REPORT

**FERNALD ENVIRONMENTAL MANAGEMENT PROJECT  
FERNALD, OHIO**

**RECORD**



**FEBRUARY 2002**

**U.S. DEPARTMENT OF ENERGY  
FERNALD AREA OFFICE  
USEPA I.D. NO. OH6890008976**

**FERNALD ENVIRONMENTAL  
MANAGEMENT PROJECT**

**2001 RCRA  
ANNUAL  
REPORT**

**VOLUME I**



**FEBRUARY  
2002**

**U.S. DEPT. OF ENERGY  
FERNALD AREA OFFICE**

4156

<b>MAIL THE COMPLETED FORM TO:</b> Ohio EPA, DHWM, P.O. Box 1049, Columbus, OH 43216-1049	<b>Ohio Environmental Protection Agency</b> <b>RCRA SUBTITLE C SITE IDENTIFICATION</b>		For Ohio EPA Use Only
<b>1. Reason for Submittal:</b>	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report for the year <u>2001</u> .		
<b>2. Site EPA ID No.</b>	<b>EPA ID Number:</b> OH6890008976		
<b>3. Site Name</b>	<b>Name:</b> Fernald Environmental Management Project		
<b>4. Site Location Information</b>	<b>Street Address:</b> 7400 Willey Road		
	<b>City, Town, or Village:</b> Hamilton	<b>State:</b> OH	
	<b>County Name:</b> Hamilton	<b>Zip Code:</b> 45013-9402	
<b>5. Site Land Type</b>	<b>Site Land Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. North American Industry Class. System (NAICS) Code(s) for the Site</b>	<b>A.</b> 562910		<b>B.</b>
	<b>C.</b>		<b>D.</b>
<b>7. Site Contact Person:</b>	<b>First Name:</b> Timothy		<b>MI:</b> A <b>Last Name:</b> Poff
	<b>Phone Number:</b> (513) 648-5286		<b>Phone Number Extension:</b>
	<b>E-Mail Address:</b> Timothy.Poff@Fernald.Gov		
	<b>Fax Number:</b> (513) 648-5263		<b>Fax Number Extension:</b>
	<b>Street or P.O. Box:</b> P.O. Box 538704		
	<b>City, Town or Village:</b> Cincinnati		
	<b>State:</b> Ohio	<b>Country:</b> USA	<b>Zip Code:</b> 45253-8704
<b>8. Legal Owner and Operator of the Site List Additional Owners and/or Operators in the Comment Section or on another copy of this form page.</b>	<b>A. Name of Site's Legal Owner:</b>		<b>Date Became Owner (mm/dd/yyyy):</b>
	U.S. Department of Energy		03/30/51
	<b>Owner Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	<b>Street or P.O. Box:</b> P.O. Box 538705		
	<b>City, Town, or Village:</b> Cincinnati		
	<b>State:</b> Ohio	<b>Country:</b> U.S.	<b>Zip Code:</b> 45253
	<b>B. Name of Site's Operator:</b> Same as Owner		<b>Date Became Operator (mm/dd/yyyy):</b>
	<b>Operator Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	<b>Street or P.O. Box:</b>		
	<b>City, Town, or Village:</b>		
	<b>State:</b>	<b>Country:</b>	<b>Zip Code:</b>



4156

<b>MAIL THE COMPLETED FORM TO:</b> Ohio EPA, DHWM, P.O. Box 1049, Columbus, OH 43216-1049	<b>Ohio Environmental Protection Agency</b> <b>RCRA SUBTITLE C SITE IDENTIFICATION</b>		For Ohio EPA Use Only	
1. Reason for Submittal	Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report for the year _____.			
2. Site EPA ID No.	EPA ID Number:			
3. Site Name	Name:			
4. Site Location Information	Street Address:			
	City, Town, or Village:		State: OH	
	County Name:		Zip Code:	
5. Site Land Type	Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
6. North American Industry Class. System (NAICS) Code(s) for the Site	A.		B.	
	C.		D.	
7. Site Contact Person:	First Name:		MI:	Last Name:
	Phone Number:		Phone Number Extension:	
	E-Mail Address:			
	Fax Number:		Fax Number Extension:	
	Street or P.O. Box:			
	City, Town or Village:			
	State:	Country:	Zip Code:	
8. Legal Owner and Operator of the Site List Additional Owners and/or Operators in the Comment Section or on another copy of this form page.	A. Name of Site's Legal Owner:		Date Became Owner (mm/dd/yyyy):	
	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
	Street or P.O. Box:			
	City, Town, or Village:			
	State:		Country:	Zip Code:
	B. Name of Site's Operator:		Date Became Operator (mm/dd/yyyy):	
	Fluor Fernald, Inc.			
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
	Street or P.O. Box: P. O. Box 538704			
	City, Town, or Village: Cincinnati			
	State: Ohio		Country: U.S.	Zip Code: 45253

## 9. Type of Regulated Waste Activity (Mark "X" in the appropriate boxes.)

## A. Hazardous Waste Activities

## 1. Generator of Hazardous Waste

(choose only one of the following three categories)

- ☒ a. Large Quantity Generator (LQG):  
Greater than 1,000 kg/mo (2,200 lbs.)  
of non-acute hazardous waste; or
- ☐ b. Small Quantity Generator (SQG)  
100 to 1,000 kg/mo (220-2,200 lbs.)  
of non-acute hazardous waste; or
- ☐ c. Conditionally Exempt Small Quantity Generator  
(CESQG):  
Less than 100 kg/mo of non-acute hazardous waste

In addition, indicate other generator activities  
(check all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☒ e. Mixed Waste (hazardous and radioactive) Generator

## 2. Hazardous Waste Report Generator Status

(choose one if a Reason for Submittal is the Hazardous Waste Report)

- ☒ a. Large Quantity Generator (LQG):  
Greater than 1,000 kg/mo (2,200 lbs.) of non-acute  
hazardous waste was generated at the site in any one  
month, or
- ☐ b. Small Quantity Generator (SQG)  
In one or more months the site generated greater than  
100kg (220 lbs) but in no month did it generate more  
than 1,000 kg/mo (220-2,200 lbs) of non-acute  
hazardous waste, or
- ☐ c. Conditionally Exempt Small Quantity Generator  
(CESQG):  
The site generated no more than 100 kg (220 lbs) of  
non-acute hazardous waste in any one month.
- ☐ d. Non-Generator  
The site did not generate any hazardous waste during  
the calendar year.

## B. Universal Waste Activities

## 1. Large Quantity Handler of Universal Waste.

Indicate types of universal waste generated and/or  
accumulated at your site. (check all boxes that apply):

	Generated	Accumulated
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

For Items 3 through 7, check all that apply:

- ☐ 3. Transporter of Hazardous Waste
- ☒ 4. Treater, Storer or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- ☐ 5. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
6. Exempt Boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption
- ☐ 7. Underground Injection Control

## C. Used Oil Activities

## 1. Used Oil Transporter

Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
- ☐ b. Transfer Facility

## 2. Used Oil Processor and/or Re-refiner

Indicate Type(s) of Activity(ies)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ 3. Off-Specification Used Oil Burner

## 4. Used Oil Fuel Marketer -

Indicate Type(s) of Activity(ies)

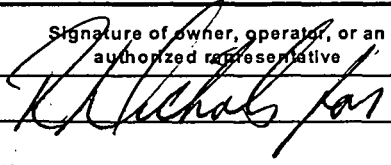
- ☐ a. Marketer Who Directs Shipment of Off-Specification  
Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the  
Specifications

10. Waste Codes for Federally Regulated Hazardous Wastes. Please list the codes for the federally regulated hazardous waste handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more space is needed.

D001	D002	D003	D004	D005	D006	D007
D008	D009	D010	D011	D012	D013	D014
D015	D018	D019	D020	D021	D022	D023
D024	D025	D026	D027	D028	D029	D030
D031	D032	D033	D034	D035	D036	D037

11. Comments Fluor Fernald, Inc. and the U.S. Department of Energy are co-operators of this facility. The Department's RCRA responsibilities are for policy, programmatic, funding and scheduling decisions, as well as general oversight, and Fluor Fernald, Inc.'s responsibilities are for day-to-day operations, including but not limited to, the following responsibilities: waste analyses and handling, monitoring, recordkeeping, reporting, and contingency planning.

12. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm-dd-yyyy)
	Jamie Jameson, Executive Project Director	27 FEB 2002

Section 9.A.4: In accordance with the Director's Findings and Orders issued by Ohio EPA on June 6, 1996, the FEMP is exempted from obtaining a RCRA permit for hazardous waste storage activities (container storage) provided that the FEMP complies with the terms of the current Part B Permit Application and all other applicable hazardous waste regulations. The FEMP is also storing mixed soils in a Corrective Action Management Unit (CAMU), mixed organic liquids in tanks and containers of thorium mixed waste as part of the site's CERCLA remedial activities.

Section 10: Waste Codes - Continued

D038	D039	D040	D042	D043	-
F001	F002	F003	F004	F005	F027
P004	P012	P018	P022	P037	P041
P048	P050	P051	P059	P071	P082
P094	P098	P106	P113	P115	P119
P120	P123	-	U002	U003	U004
U012	U014	U021	U022	U024	U028
U031	U036	U037	U039	U041	U043
U044	U045	U047	U048	U050	U052
U055	U056	U057	U060	U061	U066
U068	U070	U072	U073	U075	U076
U077	7078	U079	U080	U081	U082
U083	U084	U088	U096	U101	U102
U105	U106	U107	U108	U112	U117
U120	U121	U122	U123	U127	U128
U129	U130	U131	U134	U141	U151
U154	U159	U161	U165	U167	U168
U169	U170	U171	U172	U179	U183
U185	U187	U188	U191	U192	U196
U203	U207	U208	U209	U210	U211
U213	U218	U219	U220	U226	U227
U228	U239	U247	U359	-	-

## Section 11: Comments

Silver is recovered from spent x-ray cartridges in the Medical Department. In 2001, 3 containers containing cartridges (total net weight: 119 lbs.) were shipped off-site for silver reclamation. In addition, film negatives (total net weight: 56 lbs.) were shipped off-site for recycling.

Also in 2001, 3,443 4-foot fluorescent lamps, 200 greater than 4-foot fluorescent lamps, 20,655 lbs. of lead-acid batteries, 4,636 lbs. of ballasts, and 545 lbs. of Ni-Cad batteries were shipped off-site for recycle.

4156

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
PLACE PREPRINTED LABEL HERE

OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>LIQUID HEAT (BARIUM CHLORIDE) FROM THE LAB</b>			
B. Hazardous waste codes <b>D005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G 11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W 316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>		On-site Management Method <b>H</b>		
Quantity treated, disposed or recycled in 2001		Quantity treated, disposed or recycled in 2001		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;"><b>YES</b></td> <td style="width:10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	1625	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	<b>SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.</b>
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<b>Extra Waste Codes:</b>	
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# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
PLACE PREPRINTED LABEL HERE  
OH6890008976

## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SOIL CONTAMINATED WITH DIESEL FUEL</b>			
B. Hazardous waste codes <b>D018</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G 45</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W 301</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>11478</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

## Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER \_\_\_\_\_  
PLACE PREPRINTED LABEL HERE  
OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CRANKCASE OIL</b>			
B. Hazardous waste codes		D018		
		More... <input type="checkbox"/>		
C. Source Code <b>G 43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W 409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	

B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	232	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

**Comments:**

SECTION 1, BOX D: W409 - OILY SLUDGE

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED BURNABLE TRASH</b>			
B. Hazardous waste codes <b>D005 D039</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 X NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units												
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:												
		<table><tr><td>1. a greater than 90 day storage unit.....</td><td>YES X</td><td>NO <input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> a. generated during 2001</td><td></td><td></td></tr><tr><td>X b. generated prior to 2001</td><td></td><td></td></tr><tr><td>2. an inactive disposal unit undergoing closure</td><td><input type="checkbox"/></td><td>X</td></tr></table>			1. a greater than 90 day storage unit.....	YES X	NO <input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure
1. a greater than 90 day storage unit.....	YES X	NO <input type="checkbox"/>												
<input type="checkbox"/> a. generated during 2001														
X b. generated prior to 2001														
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X												
B. Storage or disposal method	Handling code	Amount	UOM	Density										
UNIT 1	S01	5268	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>										
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>										
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>										
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>										

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>FLOOR SUMP CLEANOUT SLUDGE</b>			
B. Hazardous waste codes <b>D018 D019 D039 D040</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>1184</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W409 - OIL/SOLVENT SLUDGE

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

**Extra Waste Codes:**



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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>PAINT THINNER RAGS</b>			
B. Hazardous waste codes <b>F002 F003</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G19</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;"><b>YES</b></td> <td style="text-align: right;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: right;"><input checked="" type="checkbox"/> X</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>20</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	<p><b>SECTION 1, BOX C: G19 - RAGS FROM PAINT SHOP</b></p> <p><b>SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.</b></p>
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<b>Extra Waste Codes:</b>	
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State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>AEROSOL CANS</b>			
B. Hazardous waste codes <b>D001</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W219</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>491</b>	B. Quantity generated in 2001 <b>1014</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><b>X</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <b>X</b> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <b>X</b> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><b>X</b></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<b>X</b>	<input type="checkbox"/>	<b>X</b> a. generated during 2001			<b>X</b> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<b>X</b>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<b>X</b>	<input type="checkbox"/>																	
<b>X</b> a. generated during 2001																			
<b>X</b> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<b>X</b>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>1981</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:****SECTION 1, BOX D: W219 - MISCELLANEOUS AEROSOLS**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.**

**Extra Waste Codes:**

## OhioEPA

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## 2001 Annual Hazardous Waste Report

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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>DIGESTION WASTE</b>			
B. Hazardous waste codes <b>D001 D002 D004 D005 D006 D007 D008 D010 D011</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W203</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>110</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    X a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X a. generated during 2001			<input type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
X a. generated during 2001																			
<input type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>110</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SPENT NICKEL-CADMIUM BATTERIES</b>			
B. Hazardous waste codes <b>D002 D006</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G16</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W309</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>  If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>On-site Waste Storage and Inactive Disposal Units</b>  <b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;"><b>YES</b></td> <td style="text-align: right;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	

B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	39	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

## Comments:

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAAct) SITE TREATMENT PLAN.**

## Extra Waste Codes:



# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>HYDRAULIC OIL FROM BALER IN DRUM RECONDITIONING</b>			
B. Hazardous waste codes <b>D018</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	239	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**      **SECTION 1, BOX D: W409 - OILY SLUDGE (NON-PUMPABLE)**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN.**

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>PAINT</b>			
B. Hazardous waste codes <b>D001 F001 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W604</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width: 100%; margin-top: 10px;"> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	345	P	<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 2				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 3				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 4				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															

<b>Comments:</b>	SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.
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<b>Extra Waste Codes:</b>	
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# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report

4156



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>LIQUID AND SOLID WASTE SAMPLES</b>			
B. Hazardous waste codes <b>D006 D007 D008 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W609</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	25	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W609 - PCB-CONTAINING SLUDGE SAMPLES

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>USED PAINT THINNER</b>			
B. Hazardous waste codes <b>D001 D008 D035 F003 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G19</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>247</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;"><b>YES</b></td> <td style="width:10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	805	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 1, BOX D: W409 - PAINT THINNER SLUDGE (NON-PUMPABLE)

SECTION 1, BOX C: G19 - GENERATED FROM SITE CONSTRUCTION AND MAINTENANCE ACTIVITIES

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

**Extra Waste Codes:**



# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>USED OIL</b>			
B. Hazardous waste codes <b>D018 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>50</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 1, BOX D: W409 - OIL/HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



OR ENTER GENERATOR ID NUMBER  
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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>KEROSENE</b>			
B. Hazardous waste codes <b>D001</b>  More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W211</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>233</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	233	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>PAINT</b>			
B. Hazardous waste codes <b>D001 D007 D008 F002 F003 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W604</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>4053</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.**

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4153



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>PAINT: GRAY EPOXY</b>			
B. Hazardous waste codes <b>D001 D006</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W604</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>287</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.**

Extra Waste Codes:



# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>SOIL BORING #1508</b>			
B. Hazardous waste codes <b>F002 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W301</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>4765</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

**Extra Waste Codes:**

# OhioEPA

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## 2001 Annual Hazardous Waste Report

4156



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>KEROSENE (DIESEL FUEL)/SLUDGE/WATER FROM UST #3</b>			
B. Hazardous waste codes <b>D001 D018</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G45</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	78	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	SECTION 1, BOX D: W409 - SOLID PHASE SEPARATED FROM KEROSENE/WATER MIX PRIOR TO BULKING LIQUIDS FOR SHIPMENT  SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.
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<b>Extra Waste Codes:</b>
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# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>OIL</b>			
B. Hazardous waste codes <b>D007 D008 D009</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>6</b>	B. Quantity generated in 2001 <b>351</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    X a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
X a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	1859	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D; W409 - OILY SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



OR ENTER GENERATOR ID NUMBER  
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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>MERCURY SPILL CLEANUP AND SPENT MERCURY BATTERIES</b>			
B. Hazardous waste codes <b>D009</b>  More... <input type="checkbox"/>				
C. Source Code <b>G32</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W310</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

4156

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	142	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

**Extra Waste Codes:**



# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4150



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>SOIL BORING #1594 - FROM NORTHWEST CORNER OF BUILDING 12</b>			
B. Hazardous waste codes <b>F002</b>  More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W301</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																						
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1.</td> <td>a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td>an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>					<b>YES</b>	<b>NO</b>	1.	a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> a. generated during 2001				<input checked="" type="checkbox"/> b. generated prior to 2001			2.	an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<b>YES</b>	<b>NO</b>																					
1.	a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																					
	<input type="checkbox"/> a. generated during 2001																							
	<input checked="" type="checkbox"/> b. generated prior to 2001																							
2.	an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																					
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>																				
<b>UNIT 1</b>	<b>S01</b>	<b>475</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				

**Comments:** SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>OILY SLUDGE FROM FLOOR DRAIN</b>			
B. Hazardous waste codes <b>D018 D019 D021 D028 D039 D040 D043</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W603</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	822	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

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2001 Annual Hazardous Waste Report

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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>RESPIRATOR CANISTERS</b>			
B. Hazardous waste codes <b>D007 D011</b>  More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><b>X</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <b>X</b> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><b>X</b></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<b>X</b> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<b>X</b>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<b>X</b>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<b>X</b> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<b>X</b>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>72</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

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## 2001 Annual Hazardous Waste Report

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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>LEAD-BASED PAINT CHIPS</b>			
B. Hazardous waste codes <b>D008</b>  More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>360</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	3358	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W319 - LEAD-BASED PAINT CHIPS

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN.

Extra Waste Codes:



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## 2001 Annual Hazardous Waste Report

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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>SODIUM AMIDE</b>			
B. Hazardous waste codes <b>D003</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>62</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	62	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:

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## 2001 Annual Hazardous Waste Report

4156



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>URANYL NITRATE SOLUTION</b>			
B. Hazardous waste codes <b>D002 D005 D007</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W103</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																						
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1.</td> <td>a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td>an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>					<b>YES</b>	<b>NO</b>	1.	a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> a. generated during 2001				<input checked="" type="checkbox"/> b. generated prior to 2001			2.	an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<b>YES</b>	<b>NO</b>																					
1.	a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																					
	<input type="checkbox"/> a. generated during 2001																							
	<input checked="" type="checkbox"/> b. generated prior to 2001																							
2.	an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																					
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>																				
UNIT 1	S01	445	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.**

**Extra Waste Codes:**

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2001 Annual Hazardous Waste Report

4156



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>NI-CD BATTERIES</b>			
B. Hazardous waste codes <b>D006</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G16</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W309</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:		
		1. a greater than 90 day storage unit..... YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> a. generated during 2001 <input checked="" type="checkbox"/> b. generated prior to 2001 2. an inactive disposal unit undergoing closure <input type="checkbox"/> <input checked="" type="checkbox"/>		
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	182	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN.

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>SPENT MERCURY BATTERIES</b>			
B. Hazardous waste codes <b>D009</b>  More... <input type="checkbox"/>				
C. Source Code <b>G16</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W309</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>139</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.</p> <p>Otherwise, skip Section 4.</p>		<p>A. As of December 31, did any of this waste remain on-site in:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;">X a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
X a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	289	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	<p><b>SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.</b></p>
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<b>Extra Waste Codes:</b>	
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# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4150



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>LEAD BRICKS, LEAD WINDOW SASHINGS AND BABBIT HAMMER</b>			
B. Hazardous waste codes <b>D008</b>  More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>4355</b>	B. Quantity generated in 2001 <b>15041</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1). No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;">X a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
X a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	44895	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN.**

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>BLACK DRUM ENAMEL</b>			
B. Hazardous waste codes <b>D001</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W209</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>496</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN**

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>CLEAR DRUM LINER PAINT</b>			
B. Hazardous waste codes <b>D001</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W209</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>1926</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	1926	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN**

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report

4156



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>MERCURY-CONTAMINATED FLOOR TILE AND PIPE INSULATION</b>			
B. Hazardous waste codes <b>D009</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G49</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	3	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 1, BOX C: G69 - ASBESTOS REMOVAL DEBRIS FROM LAB

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:



# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>LEAD SOLDER JOINTS</b>			
B. Hazardous waste codes <b>D009</b>  More... <input type="checkbox"/>				
C. Source Code <b>G19</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width: 100%; margin-top: 10px;"> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	30	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 1, BOX C: G19 - LEAD DEBRIS GENERATED FROM LAB CONSTRUCTION PROJECTS

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report

4156



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>HIGH-LEVEL CLEANING RESIDUES</b>			
B. Hazardous waste codes <b>D006 D011</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	225	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>  SECTION 1, BOX D: W319 - HIGH-LEVEL CLEANING RESIDUES SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.
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<b>Extra Waste Codes:</b>  
-----------------------------------

# OhioEPA

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2001 Annual Hazardous Waste Report



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OH6890008976

## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED SOLVENT</b>			
B. Hazardous waste codes <b>D001 D005 D007 D008 D009 D010 D011 D018 D019 D035 F002 F003 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>985</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;">X a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	X a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
X a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	29015	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 1, BOX D: W409 - SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAc) SITE TREATMENT PLAN.

Extra Waste Codes:

# OhioEPA

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>OIL</b>			
B. Hazardous waste codes <b>D001 D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G16</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W206</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>412</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	412	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.**

**Extra Waste Codes:**



## OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>OILY RAGS, PADS, GLOVES AND PLASTIC WITH GREASE</b>			
B. Hazardous waste codes <b>D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	84	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	SECTION 1, BOX D: W319 - SHOT BLAST GRIT AND TRASH SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.
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<b>Extra Waste Codes:</b>
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# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4150



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED INSOLUBLE OIL</b>			
B. Hazardous waste codes <b>D008 D009 D039 D040 F001 F002 F003 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sq <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b>  <div style="display: flex; justify-content: space-between;"> <div>           1. a greater than 90 day storage unit.....                <input type="checkbox"/> a. generated during 2001                <input checked="" type="checkbox"/> b. generated prior to 2001            2. an inactive disposal unit undergoing closure         </div> <div style="text-align: center;"> <b>YES</b>  <input checked="" type="checkbox"/> </div> <div style="text-align: center;"> <b>NO</b>  <input type="checkbox"/>   <input type="checkbox"/>   <input checked="" type="checkbox"/> </div> </div>		
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>
UNIT 1	S01	18	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

**Comments:**

SECTION 1, BOX D: W409 - OILY SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED RAGS, PAPER AND POLYETHYLENE FROM RMI</b>			
B. Hazardous waste codes <b>D005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>4</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.**

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>MOP HEADS AND PADS CONTAMINATED WITH SOLVENT</b>			
B. Hazardous waste codes <b>F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G32</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units																	
<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.</p> <p>Otherwise, skip Section 4.</p>		<p>A. As of December 31, did any of this waste remain on-site in:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	73	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<p>Comments:</p>	<p>SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.</p>
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<p>Extra Waste Codes:</p>	
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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>NON-OILY CLEANOUT SLUDGES FOR ROASTING</b>			
B. Hazardous waste codes <b>D039</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W519</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.</p> <p>Otherwise, skip Section 4.</p>		<p>A. As of December 31, did any of this waste remain on-site in:</p> <table style="width: 100%;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: right;">X</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	5871	P	<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 2				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 3				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 4				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															

Comments:	<p>SECTION 1, BOX D: W519 - CLEANOUT SLUDGE FOR ROASTING</p> <p>SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.</p>
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Extra Waste Codes:	
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State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>SUMP WASTE FROM PLANT 1 PAINTING BOOTH</b>			
B. Hazardous waste codes <b>D001</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.</p> <p>Otherwise, skip Section 4.</p>		<p>A. As of December 31, did any of this waste remain on-site in:</p> <table style="width: 100%;"> <tr> <td></td> <td style="text-align: right;"><b>YES</b></td> <td style="text-align: right;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	101	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 1, BOX D: W409 - PRIMARILY SOLID PHASE SEPARATED FROM LIQUID PHASE PRIOR TO BULKING LIQUIDS FOR OFF-SITE SHIPMENT. WASTE IS SUMP CLEANOUT FROM DRUM PAINTING BOOTH AND CONTAINS PAINT AND NON-HALOGENATED SOLVENTS

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

**Extra Waste Codes:**

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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>SPILL CLEANUP OF OIL AND GAS FROM GASOLINE ENGINES</b>			
B. Hazardous waste codes <b>D018</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G32</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W310</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units																	
<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.</p> <p>Otherwise, skip Section 4.</p>		<p>A. As of December 31, did any of this waste remain on-site in:</p> <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	123	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

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2001 Annual Hazardous Waste Report

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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>URANIUM HEXAFLUORIDE AND URANIUM TETRAFLUORIDE</b>			
B. Hazardous waste codes <b>D003</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W801</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	16	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN.**

**Extra Waste Codes:**



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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>URANYL NITRATE - EXCESS ANALYTICAL BY-PRODUCT</b>			
B. Hazardous waste codes <b>D002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W103</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>362</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>1865</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

**Extra Waste Codes:**

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## 2001 Annual Hazardous Waste Report

4156



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>LEAD ACID BATTERY (BROKEN)</b>			
B. Hazardous waste codes <b>D002 D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G32</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W309</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>6146</b>	B. Quantity generated in 2001 <b>1232</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    X a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	X a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
X a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	25073	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

## Extra Waste Codes:

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>LAB WASTE, TCLP EXTRACT</b>			
B. Hazardous waste codes <b>D018 D021 D035 D038 D039 D040 D043 F002 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W101</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/> X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	400	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:

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2001 Annual Hazardous Waste Report

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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>VOLATILE SOLID WASTE</b>			
B. Hazardous waste codes <b>D010</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W203</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	449	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>LUBRICATING OIL FROM GASOLINE ENGINES</b>			
B. Hazardous waste codes <b>D018</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G16</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W206</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>415</b>	B. Quantity generated in 2001 <b>2061</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b>  <table> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    X a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
X a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	2508	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN.**

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>LEADED GASOLINE</b>			
B. Hazardous waste codes <b>D001 D008 D018</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W211</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>671</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units														
<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.</p> <p>Otherwise, skip Section 4.</p>		<p>A. As of December 31, did any of this waste remain on-site in:</p> <table><tr><td>1. a greater than 90 day storage unit.....</td><td>YES X</td><td>NO <input type="checkbox"/></td></tr><tr><td colspan="3">X a. generated during 2001</td></tr><tr><td colspan="3"><input type="checkbox"/> b. generated prior to 2001</td></tr><tr><td>2. an inactive disposal unit undergoing closure</td><td><input type="checkbox"/></td><td>X</td></tr></table>			1. a greater than 90 day storage unit.....	YES X	NO <input type="checkbox"/>	X a. generated during 2001			<input type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
1. a greater than 90 day storage unit.....	YES X	NO <input type="checkbox"/>														
X a. generated during 2001																
<input type="checkbox"/> b. generated prior to 2001																
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X														
B. Storage or disposal method	Handling code	Amount	UOM	Density												
UNIT 1	S01	671	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>												
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>												
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>												
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>												

Comments:

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>SPENT FUEL</b>			
B. Hazardous waste codes <b>D001 D018</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G15</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W211</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>389</b>	B. Quantity generated in 2001 <b>653</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;">X a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
X a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	1042	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

**Extra Waste Codes:**

## OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>NESSLER REAGENT, COD DIGESTION</b>			
B. Hazardous waste codes <b>D002 D006 D007 D009 D011</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W105</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	28	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:



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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1		A. Hazardous waste description (60 characters max.) <b>EPOXY-PRIME COAT LDC-1000</b>		
B. Hazardous waste codes <b>D001 D035</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>155</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	<p><b>SECTION 1, BOX D: W409-PRIMARILY SOLID PHASE SEPARATED FROM WASTE PRIOR TO BULKING LIQUIDS FOR SHIPMENT WASTE IS EPOXY.</b></p> <p><b>SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.</b></p>
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<b>Extra Waste Codes:</b>	
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# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>PAINT BITUMASTIC 300 M A&amp;B COAL TAR COATING</b>			
B. Hazardous waste codes <b>D001 D018 D026</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W604</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	73	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

**Extra Waste Codes:**

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State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CHLORINATED SOLVENTS</b>			
B. Hazardous waste codes <b>D007 F001 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	1118	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	<b>SECTION 1, BOX D: W409 - STILL BOTTOMS (LEGACY WASTE, NON-PUMPABLE)</b> <b>SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.</b>
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<b>Extra Waste Codes:</b>	
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State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>USED MERCURY FROM MISCELLANEOUS EQUIPMENT</b>			
B. Hazardous waste codes <b>D009</b>  More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W320</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	1626	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

## Extra Waste Codes:



# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>FLOOR COATING BASE</b>			
B. Hazardous waste codes <b>D001</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W209</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>990</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    X a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X a. generated during 2001			<input type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
X a. generated during 2001																			
<input type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	990	P	<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 2				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 3				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 4				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															

**Comments:**

**Extra Waste Codes:**

## OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>TCLP EXTRACTS</b>			
B. Hazardous waste codes <b>D005 D007</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W101</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>90</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input checked="" type="checkbox"/> (continue to system 1) No <input type="checkbox"/> skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H077</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	
Quantity treated, disposed or recycled in 2001 <b>1098</b>			Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	1359	P	<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 2				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 3				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 4				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															

<b>Comments:</b>	SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.
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<b>Extra Waste Codes:</b>	
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## OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

OR ENTER GENERATOR ID NUMBER  
PLACE PREPRINTED LABEL HEREOH6890008976

## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>TOTAL METALS DIGESTATES</b>			
B. Hazardous waste codes <b>D002 D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W103</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input checked="" type="checkbox"/> (continue to system 1) No <input type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H077</b>	Quantity treated, disposed or recycled in 2001 <b>1087</b>		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/> NO	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/> NO																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	318	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
PLACE PREPRINTED LABEL HERE  
OH6890008976

## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>BROKEN GLASS AND OLD FLUORESCENT LIGHT BULBS</b>			
B. Hazardous waste codes <b>D009</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W320</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>365</b>	B. Quantity generated in 2001 <b>160</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    X a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
X a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>1042</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN.**

Extra Waste Codes:



# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>MICROMELTER SHELL</b>			
B. Hazardous waste codes <b>D007</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;"><b>YES</b></td> <td style="width:10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>869</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	<b>SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN.</b>
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<b>Extra Waste Codes:</b>	
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# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>DIESEL FUEL</b>			
B. Hazardous waste codes <b>D007</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W211</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>385</b>	B. Quantity generated in 2001 <b>414</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    X a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	X a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
X a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	799	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>GASOLINE/DIESEL FUEL FILTERS</b>			
B. Hazardous waste codes <b>D018</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G16</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W307</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>322</b>	B. Quantity generated in 2001 <b>352</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    X a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	X a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
X a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	951	P	<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 2				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 3				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 4				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															

<b>Comments:</b>	SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.
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<b>Extra Waste Codes:</b>	
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# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>THORIUM NITRATE SOLUTION</b>			
B. Hazardous waste codes <b>D002 D006 D007</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W103</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;"><b>YES</b></td> <td style="text-align: right;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: right;"><input checked="" type="checkbox"/> X</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	6	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAAct) SITE TREATMENT PLAN.

**Extra Waste Codes:**



# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SCABBLED CONCRETE FROM DETREX STILL CLOSURE</b>			
B. Hazardous waste codes <b>F001 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G41</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/> X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	382	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 1, BOX D: W319 - SCABBLED CONCRETE

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>DETREX STILL TANK (INCLUDING ASBESTOS COVER), ASSOCIATED PIPING</b>			
B. Hazardous waste codes <b>F001 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G41</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W307</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sq <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

SECTION 4		On-site Waste Storage and Inactive Disposal Units																	
<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.</p> <p>Otherwise, skip Section 4.</p>		<p>A. As of December 31, did any of this waste remain on-site in:</p> <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	956	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:

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## 2001 Annual Hazardous Waste Report

4156



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>SCRAP METAL CONTAMINATED WITH F-LISTED SOLVENT</b>			
B. Hazardous waste codes <b>F002 F005</b>  More... <input type="checkbox"/>				
C. Source Code <b>G49</b>	Report the Management Method Code if the Source code is G25 <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W307</b>	E. RCRA-radioactive mixed  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b>  lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE  Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/> X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	34278	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 1, BOX C: G49 - WASTE GENERATED FROM INTEGRATED RCRA CLOSURE/CERCLA REMOVAL ACTION TO REMEDIATE A HAZARDOUS WASTE MANAGEMENT UNIT**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.**

**Extra Waste Codes:**

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTACT WASTE CONTAMINATED WITH F-LISTED SOLVENT</b>			
B. Hazardous waste codes <b>F002 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G49</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>		On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> YES (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/> X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	1358	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 1, BOX C: G49 - WASTE GENERATED FROM INTEGRATED RCRA CLOSURE/CERCLA REMOVAL ACTION TO REMEDIATE A HAZARDOUS WASTE MANAGEMENT UNIT**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.**

**Extra Waste Codes:**



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## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SEDIMENT/SLUDGES FROM OPEN TOP TANK AT FIRE TRAINING FACILITY</b>			
B. Hazardous waste codes <b>D007 D008 D018 D029 D030 D032 D033 D040 F002 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G49</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W609</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>8</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<b>Onsite system 1</b> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			<b>On-site system 2</b> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
<b>Site 1</b>	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
<b>Site 2</b>			
<b>Site 3</b>			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																						
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1.</td> <td>a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td>an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>					<b>YES</b>	<b>NO</b>	1.	a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> a. generated during 2001				<input checked="" type="checkbox"/> b. generated prior to 2001			2.	an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<b>YES</b>	<b>NO</b>																					
1.	a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																					
	<input type="checkbox"/> a. generated during 2001																							
	<input checked="" type="checkbox"/> b. generated prior to 2001																							
2.	an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																					
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>																				
UNIT 1	S01	9851	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				

## Comments:

SECTION 1, BOX C: G49 - WASTE GENERATED FROM INTEGRATED RCRA CLOSURE/CERCLA REMOVAL ACTION TO REMEDIATE A HAZARDOUS WASTE MANAGEMENT UNIT

SECTION 1, BOX D: W609 - SOLVENT-CONTAMINATED SLUDGE

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

## Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>PETROLEUM CONTAMINATED SOIL FROM THE POND AREA OF THE FIRE TRAINING FACILITY</b>			
B. Hazardous waste codes <b>F002 F005</b>  More... <input type="checkbox"/>				
C. Source Code <b>G49</b>	Report the Management Method Code if the Source code is G25 <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W301</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>5814</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 1, BOX C: G49 - WASTE GENERATED FROM INTEGRATED RCRA CLOSURE/CERCLA REMOVAL ACTION TO REMEDIATE A HAZARDOUS WASTE MANAGEMENT UNIT**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.**

**Extra Waste Codes:**

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State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>PETROLEUM CONTAMINATED SOIL FROM THE FIRE TRAINING FACILITY</b>			
B. Hazardous waste codes <b>F002 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G49</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W301</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>7</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:		
		1. a greater than 90 day storage unit..... YES X NO <input type="checkbox"/> <input type="checkbox"/> a. generated during 2001 X b. generated prior to 2001 2. an inactive disposal unit undergoing closure <input type="checkbox"/> X		
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	61138	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

## Comments:

SECTION 1, BOX C: G49 - WASTE GENERATED FROM INTEGRATED RCRA CLOSURE/CERCLA REMOVAL ACTION TO REMEDIATE A HAZARDOUS WASTE MANAGEMENT UNIT

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:

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## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SMALL PROPANE CYLINDERS</b>			
B. Hazardous waste codes <b>D001</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W801</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	111	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>SODIUM SULPHATE WASTE</b>			
B. Hazardous waste codes <b>F002 F003</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;">YES</td> <td style="width:10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	45	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.
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<b>Extra Waste Codes:</b>	
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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>SOIL EXTRACT WASTE</b>			
B. Hazardous waste codes <b>F002 F003</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W301</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>6</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.**

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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>LEGACY G ABSORBANT PADS</b>			
B. Hazardous waste codes <b>F002 F003 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G32</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b>  <table> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	62805	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>MIXED METALS</b>			
B. Hazardous waste codes <b>D001 D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM <b>P</b> Density lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><b>X</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <b>X</b> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><b>X</b></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<b>X</b> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<b>X</b>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<b>X</b>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<b>X</b> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<b>X</b>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>99</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.**

**Extra Waste Codes:**



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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>MISCELLANEOUS SAMPLES</b>			
B. Hazardous waste codes <b>D007</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sq <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  On-site Management Method <b>H</b>			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>32</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:****SECTION 1, BOX D: W319 - MISCELLANEOUS URANIUM COMPOUNDS****SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.****Extra Waste Codes:**

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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SUMP SLUDGE FROM OU4 VIT PILOT PLANT</b>			
B. Hazardous waste codes <b>D005 D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W505</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	501	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

## Extra Waste Codes:

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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SOLID/SLUDGE FROM LIQUID MIXED WASTE TANK</b>			
B. Hazardous waste codes <b>D001 D004 D006 D007 D008 D010 D011 D018 D019 D021 D022 D026 D028 D029 D035 D038 D039 D040 D043</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.</p> <p>Otherwise, skip Section 4.</p>		<p>A. As of December 31, did any of this waste remain on-site in:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	908	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**      SECTION 1, BOX D: W409 - SLUDGES CONTAMINATED WITH HALOGENATED AND NON-HALOGENATED SOLVENTS (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>PAD SWEEPINGS</b>			
B. Hazardous waste codes <b>D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G33</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W301</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>		On-site Management Method <b>H</b>		
Quantity treated, disposed or recycled in 2001		Quantity treated, disposed or recycled in 2001		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	26403	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN.**

**Extra Waste Codes:**



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SOFT SOLIDS MIX FOR TREATMENT</b>			
B. Hazardous waste codes <b>D005 D008 D009 D018 D019 D021 D035 D039 D040 F001 F002 F003 F005</b> <b>U019 U123 U210 U211</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	11416	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:

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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>RIGID SOLIDS MIX FOR TREATMENT</b>			
B. Hazardous waste codes <b>D018 D039 F001 F002 F003 F005 U019 U210 U211</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>2784</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN.**

Extra Waste Codes:

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>NON-DEBRIS SOLIDS FOR TREATMENT</b>			
B. Hazardous waste codes <b>D007 D008 F001 F002 F003 F005 U019 U211</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	5002	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 1. BOX D: W319 - GRANULAR SOLIDS, FLOOR SWEEPINGS AND SLUDGES

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAAct) SITE TREATMENT PLAN.

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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>NON-DEBRIS SOLIDS FOR TREATMENT</b>			
B. Hazardous waste codes <b>D008 D018 D019 D021 D035 D040 F001 F002 U210</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;"><b>YES</b></td> <td style="width:10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	3124	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	SECTION 1. BOX D: W319 - GRANULAR SOLIDS, FLOOR SWEEPINGS AND SLUDGES SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.
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Extra Waste Codes:	
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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SLUDGES FROM THE IGNITABLE LIQUID TANK - BATCH 4</b>			
B. Hazardous waste codes <b>D001 D004 D007 D008 D010 D011 D018 D019 D035 D039 D040 F001 F002 F003 F005 U019</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	3917	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 1. BOX D: W409 - HALOGENATED/NON-HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>THORIUM NITRATE SOLUTION</b>			
B. Hazardous waste codes <b>D002 D005 D007 D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W103</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>435</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sq <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b>  <div style="display: flex; justify-content: space-between;"> <div>                     1. a greater than 90 day storage unit.....                          X a. generated during 2001                          X b. generated prior to 2001                      2. an inactive disposal unit undergoing closure                 </div> <div style="text-align: right;">                     YES                      X                        □                 </div> <div style="text-align: right;">                     NO                          X                 </div> </div>		
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>
UNIT 1	S01	2784	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

<b>Comments:</b>	SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.
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<b>Extra Waste Codes:</b>	
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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>AQUEOUS AMMONIA</b>			
B. Hazardous waste codes <b>D002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G15</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W110</b>	E. RCRA-radioactive-mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	185	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.**

**Extra Waste Codes:**

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SCABBLED CONCRETE FROM HWMU #3 CLOSURE</b>			
B. Hazardous waste codes <b>F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G41</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input checked="" type="checkbox"/> Yes (continue to box B) - See Section 3 <input type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped <b>TDR000005397</b>	C. Management Method <b>H129</b>	D. Total quantity shipped in 2001 <b>799</b>
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:		
		1. a greater than 90 day storage unit..... <input type="checkbox"/> a. generated during 2001 <input type="checkbox"/> b. generated prior to 2001		
		YES		NO
		<input type="checkbox"/>		X
		2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

Comments: SECTION 1, BOX D: W319 - SCABBLED CONCRETE  
  
SECTION 3, BOX C: H129 - THERMAL DESORPTION.

Extra Waste Codes:



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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>LEAD AND DEBRIS</b>			
B. Hazardous waste codes <b>D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>7966</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																						
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    X a. generated during 2001</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> </table>					YES	NO	1. a greater than 90 day storage unit.....	X	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X a. generated during 2001				X b. generated prior to 2001				2. an inactive disposal unit undergoing closure	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		YES	NO																					
1. a greater than 90 day storage unit.....	X	<input checked="" type="checkbox"/>	<input type="checkbox"/>																					
X a. generated during 2001																								
X b. generated prior to 2001																								
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>		<input checked="" type="checkbox"/>																					
B. Storage or disposal method	Handling code	Amount	UOM	Density																				
UNIT 1	S01	37431	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>SHREDDABLE SOLIDS</b>			
B. Hazardous waste codes <b>D008 F001 F002 F003 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	8042	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

## Extra Waste Codes:

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>TBP/KEROSENE FROM TANK D1-7</b>			
B. Hazardous waste codes <b>D019 D022 D039</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G15</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	439	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 1, BOX D: W409 - SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

**Extra Waste Codes:**

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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>METHYLENE CHLORIDE WASTE</b>			
B. Hazardous waste codes <b>D030 D032 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W202</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:		
		1. a greater than 90 day storage unit..... YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> a. generated during 2001 <input checked="" type="checkbox"/> b. generated prior to 2001		
		2. an inactive disposal unit undergoing closure <input type="checkbox"/> <input checked="" type="checkbox"/>		
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	1	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

## Extra Waste Codes:



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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>ACIDIC RINSE WATER</b>			
B. Hazardous waste codes <b>D002 D007 D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W105</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> YES (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;"><b>YES</b></td> <td style="width:10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	2892	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.
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<b>Extra Waste Codes:</b>	
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# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>MERCURY FILLED GAUGES CONTAMINATED WITH THORIUM</b>			
B. Hazardous waste codes <b>D009</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G15</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	39	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	SECTION 1, BOX D: W319 - MANOMETERS AND THERMOMETERS SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.
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<b>Extra Waste Codes:</b>	
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# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>ALUMINUM FIBERED ROOF COATING</b>			
B. Hazardous waste codes <b>D001</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W209</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	46	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

## Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>CHILI-PERM SYNTHETIC RUBBER COATING</b>			
B. Hazardous waste codes <b>D019</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>3244</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 1, BOX D: W409 - HARDENED SYNTHETIC RUBBER COATING

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

## Extra Waste Codes:



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>ACID LIQUID FROM TANK D13A-111</b>			
B. Hazardous waste codes <b>D002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G15</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W103</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	1425	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.
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<b>Extra Waste Codes:</b>	
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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>MISCELLANEOUS PROCESS ACIDS FROM BUILDING 13A</b>			
B. Hazardous waste codes <b>D002 D006 D007 D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G15</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W103</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	439	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>MISCELLANEOUS PROCESS CAUSTIC LIQUIDS FROM BUILDING</b> 13A			
B. Hazardous waste codes <b>D002</b>  More... <input type="checkbox"/>				
C. Source Code <b>G15</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W110</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	212	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SUMP/TRENCH SLUDGES FROM BUILDING 13A</b>			
B. Hazardous waste codes <b>D039 D040</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W519</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;"><b>YES</b></td> <td style="text-align: right;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: right;"><input checked="" type="checkbox"/> X</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	2065	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 1, BOX D: W519 - SUMP CLEANOUT

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

**Extra Waste Codes:**



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED ANTI-CS FROM BATCH LIQUID TANK #5</b>			
B. Hazardous waste codes <b>D004 D006 D007 D008 D010 D011 D018 D019 D026 D035 D038 D039 D040 D043 F001 F002 F003 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;"><b>YES</b></td> <td style="width:10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	184	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.
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<b>Extra Waste Codes:</b>	
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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>BATCH 6 TANK BOTTOMS</b>			
B. Hazardous waste codes <b>D008 D018 D019 D022 D026 D029 D035 D038 D039 D040 D043</b> <b>F001 F002 F003 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G14</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	1734	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 1, BOX D: W409 - OIL/SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

## Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
PLACE PREPRINTED LABEL HERE  
OH6890008976

## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>BATCH 5 TANK BOTTOMS</b>			
B. Hazardous waste codes <b>D004 D006 D007 D008 D010 D011 D019 D026 D035 D038 D039 D040 D043 F001 F002 F003 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G14</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	551	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 1, BOX D: W409 - OIL/SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>BATCH 1 TANK BOTTOMS</b>			
B. Hazardous waste codes <b>D004 D008 D010 D011 D018 D019 D021 D029 D039 D040</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G14</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>283</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W409 - OIL/SOLVENT SLUDGE (NON-PUMPABLE)  
 SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

**Extra Waste Codes:**



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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>USED ACETONE AND NITRIC ACID</b>			
B. Hazardous waste codes <b>D001 D002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W203</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>355</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    X a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
X a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	669	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN.

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>LIQUIDS FOR THE TSCA INCINERATOR</b>			
B. Hazardous waste codes <b>D001 D004 D005 D006 D007 D008 D009 D010 D011 D018 D019 D021 D022 D026 D027 D028 D029 D035 D038 D039 D040 D043</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	948	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 1, BOX D: W409 - OIL/SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

## Extra Waste Codes:

# OhioEPA

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>PLANT 1 SAMPLE LINE RINSEATE</b>			
B. Hazardous waste codes <b>F001 F002 F003 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W609</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	7	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 1, BOX D: W609 - SOLVENT-CONTAMINATED SOLIDS

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

## Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>EXPIRED ORGANIC STANDARDS</b>			
B. Hazardous waste codes <b>D001 F027 P004 P022 P037 P048 P050 P051 P059 P071 P082 P094 P123 U002 U004 U012 U019 U021 U022 U024 U027 U028 U031 U036 U037 U039 U043 U044 U045 U047 U048 U050 U052 U055 U057 U060 U061 U066 U068 U070 U072 U073 U075 U076 U077 U078 U079 More...X</b>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W004</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;">YES</td> <td style="width:10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	27	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes: U080 U081 U082 U083 U084 U088 U101 U102 U105 U106 U112 U120 U127 U128 U129 U130 U131 U141 U154 U159 U161 U165 U167 U168 U169 U170 U171 U179 U183 U185 U187 U188 U191 U192 U196 U203 U207 U208 U209 U210 U220 U226 U227 U228 U239



# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>EXPIRED ORGANIC STANDARDS</b>			
B. Hazardous waste codes <b>F001 F002 F003 F005 U019</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		
Quantity treated, disposed or recycled in 2001		Quantity treated, disposed or recycled in 2001		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	1541	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.
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<b>Extra Waste Codes:</b>	
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# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>BETZ FERROSPERSE</b>			
B. Hazardous waste codes <b>D002</b> More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W110</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	428	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>TREATED HF</b>			
B. Hazardous waste codes <b>U134</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G25</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H121</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	23462	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W319 - STABILIZED HYDROGEN FLUORIDE

Extra Waste Codes:

## OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>RINSEATE FROM BATCH 7</b>			
B. Hazardous waste codes    D018 D019 D021 D022 D027 D028 D029 D030 D032 D033 D034 D036 D038 D039 D040 D042 D043 F001 F002 F003 F005    More... <input type="checkbox"/>				
C. Source Code G13	Report the Management Method Code if the Source code is G25	Management Method code H	D. Waste form code W113	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 0	B. Quantity generated in 2001 0	C. UOM    Density P lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1    RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method H		On-site system 2    RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method H		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B)    - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method H	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:		
		1. a greater than 90 day storage unit..... YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> a. generated during 2001 <input checked="" type="checkbox"/> b. generated prior to 2001 2. an inactive disposal unit undergoing closure <input type="checkbox"/> <input checked="" type="checkbox"/>		
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	62	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:



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State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SULPHURIC ACID SLUDGE AND PIPING</b>			
B. Hazardous waste codes <b>D002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W103</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	3082	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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OH6890008976

## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>SOIL AND GRAVEL FROM THE TRANE INCINERATOR</b>			
B. Hazardous waste codes <b>F002 D008</b> More.. <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W301</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	2500	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>DUST AND BAGS FROM TRANE INCINERATOR</b>			
B. Hazardous waste codes <b>D008 F002</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	1737	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 1, BOX D: W319-DUST COLLECTOR RESIDUES

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

## Extra Waste Codes:

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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>CONSOLIDATED SAMPLES OF WATER AND SUMP LIQUOR</b>			
B. Hazardous waste codes <b>F002 F005</b> More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W101</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input checked="" type="checkbox"/> (continue to system 1) No <input type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H082</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	
Quantity treated, disposed or recycled in 2001 <b>1656</b>			Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> YES (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:		
		1. a greater than 90 day storage unit..... YES X NO <input type="checkbox"/> <input type="checkbox"/> a. generated during 2001 X b. generated prior to 2001 2. an inactive disposal unit undergoing closure <input type="checkbox"/> X		
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	530	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>CONSOLIDATED SAMPLES - WET SUMP/FILTER CAKE</b>			
B. Hazardous waste codes <b>F002 F005</b> More.. <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;"><b>YES</b></td> <td style="width:10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	42	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	SECTION 1, BOX D: W409 - CONSOLIDATED SAMPLES OF SUMP AND FILTER CAKE SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.
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<b>Extra Waste Codes:</b>	
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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>CONSOLIDATED SAMPLES - NON-RECOVERABLE TRASH</b>			
B. Hazardous waste codes <b>F002 F005</b> More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W204</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	177	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

## Extra Waste Codes:

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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>OIL AND GREASE RESIDUES FROM THE TRANE INCINERATOR</b>			
B. Hazardous waste codes <b>D008 F002</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	213	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 1, BOX D: W409 - OIL/SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

## Extra Waste Codes:

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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>TRANE INCINERATOR PARTS</b>			
B. Hazardous waste codes <b>D008 F002</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W307</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>1520</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>ASBESTOS CONTAMINATED TRANE INCINERATOR PARTS</b>			
B. Hazardous waste codes <b>D008 F002</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> YES (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/> X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	1710	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:

# OhioEPA

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>DEBRIS FROM DUST COLLECTORS</b>			
B. Hazardous waste codes <b>D008 F002</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/> X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>13765</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED LAB RINSEWATER</b>			
B. Hazardous waste codes <b>F002 F003 F005</b> More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W101</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	414	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

## Extra Waste Codes:

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## 2001 Annual Hazardous Waste Report

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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>CONTACT WASTE</b>			
B. Hazardous waste codes <b>F002 F003 F005</b> More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	89	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN.

## Extra Waste Codes:



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED 2-PROPANOL</b>			
B. Hazardous waste codes <b>D001 F002 F005</b> More... <input type="checkbox"/>				
C. Source Code <b>G25</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H129</b>	D. Waste form code <b>W204</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	50	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 1, BOX C: H129 - SOLVENT EXTRACTION

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

## Extra Waste Codes:

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>LIQUIDS DRAINED DURING AEROSOL CAN PUNCTURING PROJECT</b>			
B. Hazardous waste codes <b>D001 D007 D008 D035</b> More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W209</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>762</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<b>Onsite system 1</b> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			<b>On-site system 2</b> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;">           1. a greater than 90 day storage unit.....                X a. generated during 2001                <input type="checkbox"/> b. generated prior to 2001            2. an inactive disposal unit undergoing closure         </div> <div style="width: 10%; text-align: center;"> <b>YES</b>            X   <input type="checkbox"/> </div> <div style="width: 10%; text-align: center;"> <b>NO</b>  <input type="checkbox"/>             X         </div> </div>		
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>
UNIT 1	S01	762	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

Comments:

Extra Waste Codes:

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State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>MISCELLANEOUS PRESSURIZED CONTAINERS FROM LEGACY AEROSOL PROJECT</b>			
B. Hazardous waste codes <b>D001</b> More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W801</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	56	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:

SECTION 4, BOX A; WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>PAINT WASTE FROM AEROSOL CAN PUNCTURING PROJECT</b>			
B. Hazardous waste codes <b>D008 D035 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W209</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>306</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:



# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>LIQUID PAINT</b>			
B. Hazardous waste codes <b>D001 D006 D007 D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W209</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>145</b>	<b>P</b>	<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
<b>UNIT 2</b>				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
<b>UNIT 3</b>				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
<b>UNIT 4</b>				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															

**Comments:**

**SECTION 4, BOX A; WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN**

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>BARIUM CARBONATE</b>			
B. Hazardous waste codes <b>D005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>8124</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	8124	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>8M HYDROCHLORIC ACID FROM ON-SITE LAB</b>			
B. Hazardous waste codes <b>D002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W103</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>1445</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sq <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input checked="" type="checkbox"/> (continue to system 1) No <input type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H121</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	
Quantity treated, disposed or recycled in 2001 <b>515</b>			Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    X a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
X a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>1821</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>LOW-LEVEL LIQUIDS MEETING TSCA REQUIREMENTS</b>			
B. Hazardous waste codes <b>D039 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W204</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>6539</b>	<b>P</b>	<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
<b>UNIT 2</b>				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
<b>UNIT 3</b>				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
<b>UNIT 4</b>				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															

<b>Comments:</b>	SECTION 4, BOX A; WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN
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<b>Extra Waste Codes:</b>	
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# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>DUST COLLECTOR RESIDUE FROM BUILDING 69</b>			
B. Hazardous waste codes <b>D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>666</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W319 - DUST COLLECTOR RESIDUES (LEGACY WASTE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>URANYL NITRATE HEXAHYDRATE</b>			
B. Hazardous waste codes <b>D002 D007 D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W103</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>9944</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>12148</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN**

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>USED MOTOR OIL</b>			
B. Hazardous waste codes <b>D018</b> More... <input type="checkbox"/>				
C. Source Code <b>G16</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W206</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> YES (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:		
		1. a greater than 90 day storage unit..... YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> a. generated during 2001 <input checked="" type="checkbox"/> b. generated prior to 2001 2. an inactive disposal unit undergoing closure <input type="checkbox"/> <input checked="" type="checkbox"/>		
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	253	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

## Comments:

SECTION 4, BOX A; WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SODIUM HYDROXIDE</b>			
B. Hazardous waste codes <b>D002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W110</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input checked="" type="checkbox"/> (continue to system 1) No <input type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H121</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		
Quantity treated, disposed or recycled in 2001 <b>43</b>		Quantity treated, disposed or recycled in 2001		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	14364	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>BOX FURNACE SLUDGES</b>			
B. Hazardous waste codes <b>F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width:100%; margin-top: 10px;"> <tr> <td></td> <td style="text-align: right;"><b>YES</b></td> <td style="text-align: right;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	55	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	SECTION 1, BOX D: W319 - RESIDUES FROM THE BOX FURNACE AND SCRUBBER TANK  SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN
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Extra Waste Codes:	
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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>BOX FURNACE ASH</b>			
B. Hazardous waste codes <b>F002</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W304</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	293	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 4, BOX A; WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN**

**Extra Waste Codes:**

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## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>FLOOR SWEEPINGS</b>			
B. Hazardous waste codes <b>F002</b> More... <input type="checkbox"/>				
C. Source Code <b>G33</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	424	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W409 - SOLVENT-CONTAMINATED FLOOR SWEEPINGS

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

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State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>TRASH FROM ORGANIC EXTRACTION PROJECT</b>			
B. Hazardous waste codes <b>F002 F005</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>1130</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:

SECTION 4, BOX A; WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:



# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>VARIOUS ADHESIVES</b>			
B. Hazardous waste codes <b>D001</b> More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W210</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/> X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	142	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 4, BOX A; WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>NEUTRALIZED NITRIC ACID</b>			
B. Hazardous waste codes <b>D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W119</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	188	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W119 - NEUTRALIZED NITRIC ACID

SECTION 4, BOX A; WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>TRASH FROM BULKING BATCH 8</b>			
B. Hazardous waste codes <b>F001 F002 F003 F005 U019 U123 U210 U211</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>183</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	457	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 4, BOX A; WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>OIL SATURATED RAGS FROM LEGACY TRASH SORTING PROJECT</b>			
B. Hazardous waste codes <b>D001 D006 D007 D008 D009 D010 D018 D019 D021 D035 D039 D040 F002 F003 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	120	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A; WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:



# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>WASTE PAINT THINNERS FROM MAIN LEGACY TRASH SORTING PROJECT</b>			
B. Hazardous waste codes <b>D001 D008 D009 F002 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W209</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>146</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> YES (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;">           1. a greater than 90 day storage unit.....                <input type="checkbox"/> a. generated during 2001                <input checked="" type="checkbox"/> b. generated prior to 2001            2. an inactive disposal unit undergoing closure         </div> <div style="width: 10%; text-align: center;"> <b>YES</b>  <input checked="" type="checkbox"/> </div> <div style="width: 10%; text-align: center;"> <b>NO</b>  <input type="checkbox"/>   <input type="checkbox"/>   <input checked="" type="checkbox"/> </div> </div>		
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>
UNIT 1	S01	490	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

Comments:

SECTION 4, BOX A; WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>PAINT FROM LEGACY TRASH PROJECT</b>			
B. Hazardous waste codes <b>D001 D006 D007 D008 D035 D043</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W209</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	1168	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

## OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>NON-EMPTY CANS OF DRIED PAINT</b>			
B. Hazardous waste codes <b>D007 D008 D035</b> More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>30</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;"><b>YES</b></td> <td style="width:10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;">X a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
X a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	725	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	SECTION 1, BOX D: W409 - DRIED PAINT  SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN
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Extra Waste Codes:
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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>USED FLUID FILTERS</b>			
B. Hazardous waste codes <b>D008 D010</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W310</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:		
		1. a greater than 90 day storage unit..... YES X NO <input type="checkbox"/> <input type="checkbox"/> a. generated during 2001 X b. generated prior to 2001 2. an inactive disposal unit undergoing closure <input type="checkbox"/> X		
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	38	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

Comments: SECTION 4, BOX A; WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SLUDGES FROM T-5/T-6 HWMU CLOSURE</b>			
B. Hazardous waste codes <b>D022 D028 D029 F001 F002 F003 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G41</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	546	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 1, BOX D: W409 - SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A; WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>LIQUID PAINT FROM BUILDING 71</b>			
B. Hazardous waste codes <b>D001 D006 D007 D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W209</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	64	P	lbs./gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs./gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs./gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs./gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A; WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>ADHESIVES FROM BUILDING 71</b>			
B. Hazardous waste codes <b>D001</b> More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W210</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>460</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

**SECTION 4, BOX A; WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN**

## Extra Waste Codes:

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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>DRIED PAINT FROM BUILDING 71</b>			
B. Hazardous waste codes <b>D006 D007 D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	204	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W319 - DRIED PAINT

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>ROLLER INK</b>			
B. Hazardous waste codes <b>D001</b> More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W209</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:		
		1. a greater than 90 day storage unit..... YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> a. generated during 2001 <input checked="" type="checkbox"/> b. generated prior to 2001 2. an inactive disposal unit undergoing closure <input type="checkbox"/> <input checked="" type="checkbox"/>		
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	904	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>TECHNECIUM -99 CONTAMINATED CONCRETE</b>			
B. Hazardous waste codes <b>D006</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/> X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>15362</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W319 - SCABBLED CONCRETE

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>ADHESIVES FROM BUILDING 71</b>			
B. Hazardous waste codes <b>D001 D035</b> More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W210</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width: 100%; margin-top: 10px;"> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	907	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

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State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>DUST COLLECTOR RESIDUE</b>			
B. Hazardous waste codes <b>D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:  1. a greater than 90 day storage unit..... YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> a. generated during 2001 <input checked="" type="checkbox"/> b. generated prior to 2001 2. an inactive disposal unit undergoing closure <input type="checkbox"/> <input checked="" type="checkbox"/>		
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>
UNIT 1	S01	24	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

Comments: SECTION 1, BOX D: W319 - DUST COLLECTOR RESIDUES

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>TREATED SOIL FROM ORGANIC EXTRACTION PROJECT</b>			
B. Hazardous waste codes <b>F002 F005</b> More... <input type="checkbox"/>				
C. Source Code <b>G25</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H129</b>	D. Waste form code <b>W301</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>74</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX C: H129 - SOLVENT EXTRACTION

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

Extra Waste Codes:

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State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CUMENE HYDROPEROXIDE</b>			
B. Hazardous waste codes <b>U096</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W119</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	1	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D W119 - CUMENE HYDROPEROXIDE

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>OFF-GAS HEPA FILTERS FROM OU4 VIT PILOT PLANT</b>			
B. Hazardous waste codes <b>D005 D007 D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G21</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W310</b>	E. RCRA-radioactive mixed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>956</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	956	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:

Extra Waste Codes:

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State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>TRU CLEAR OXIDIZER</b>			
B. Hazardous waste codes <b>D001</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
<b>Site 1</b>	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
<b>Site 2</b>			
<b>Site 3</b>			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/> X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	24	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**



# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>UNKNOWN SOLVENT/WATER</b>			
B. Hazardous waste codes <b>D002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W110</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sq <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	
		Quantity treated, disposed or recycled in 2001		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>220</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

## OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>DUST COLLECTOR RESIDUES FROM PLANT 6</b>			
B. Hazardous waste codes <b>D006 D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> YES (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>224</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W319 - DUST COLLECTOR RESIDUES

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>SUMP SLUDGE FROM PLANT 7</b>			
B. Hazardous waste codes <b>D006 D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>659</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W319 - SUMP SLUDGE

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN**

**Extra Waste Codes:**

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>UNUSED POTASSIUM PERMANGANATE CRYSTAL</b>			
B. Hazardous waste codes <b>D001</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																						
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1.</td> <td>a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td>an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>					<b>YES</b>	<b>NO</b>	1.	a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> a. generated during 2001				<input checked="" type="checkbox"/> b. generated prior to 2001			2.	an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<b>YES</b>	<b>NO</b>																					
1.	a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																					
	<input type="checkbox"/> a. generated during 2001																							
	<input checked="" type="checkbox"/> b. generated prior to 2001																							
2.	an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																					
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>																				
<b>UNIT 1</b>	<b>S01</b>	<b>18</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				

Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:



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2001 Annual Hazardous Waste Report

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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>THORIUM-CONTAMINATED PAINT CHIPS</b>			
B. Hazardous waste codes <b>D007 D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sq <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>156</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W319 - THORIUM-CONTAMINATED PAINT CHIPS

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN**

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>THORIUM-CONTAMINATED LIQUID PAINT</b>			
B. Hazardous waste codes <b>D001</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W209</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	126	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
PLACE PREPRINTED LABEL HERE  
OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CAUSTIC SOLUTION IN TANK 06-H015</b>		
B. Hazardous waste codes <b>D002 D003</b> More... <input type="checkbox"/>			
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25 <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W519</b>
			E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	3144	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W519 - CAUSTIC SLUDGE  
 SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>SULFURIC ACID WASTES</b>			
B. Hazardous waste codes <b>D005 D006 D007 D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.</p> <p>Otherwise, skip Section 4..</p>		<p>A. As of December 31, did any of this waste remain on-site in:</p> <table><tr><td></td><td><b>YES</b></td><td><b>NO</b></td></tr><tr><td>1. a greater than 90 day storage unit.....</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>    <input type="checkbox"/> a. generated during 2001</td><td></td><td></td></tr><tr><td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td><td></td><td></td></tr><tr><td>2. an inactive disposal unit undergoing closure</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr></table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	2250	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	SECTION 1, BOX D: W319 - SLUDGE AND RAGS
	SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

<b>Extra Waste Codes:</b>
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State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>DECANT WATER FROM THE PLANT 6 DRUM CRUSHER</b>			
B. Hazardous waste codes <b>D018</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W101</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	674	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



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OH6890008976

### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>BLACK BEAUTY GRIT</b>			
B. Hazardous waste codes <b>D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W307</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	2272	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report

4156



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>SCRAP THORIUM DIOXIDE</b>			
B. Hazardous waste codes <b>D008</b> <div style="text-align: right;">More... <input type="checkbox"/></div>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sq <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	1210	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report

4150



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>THORIUM DIOXIDE POWDER</b>			
B. Hazardous waste codes <b>D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sq <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	14815	P	<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 2				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 3				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 4				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**



# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



OR ENTER GENERATOR ID NUMBER  
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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>SCRAP SALTS AND FLOOR SWEEPINGS</b>			
B. Hazardous waste codes <b>D007</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/> X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	994	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

## OhioEPA

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## 2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) MISCELLANEOUS THORIUM SAMPLES			
B. Hazardous waste codes D002 D005 D008 More... <input type="checkbox"/>				
C. Source Code G43	Report the Management Method Code if the Source code is G25	Management Method code H	D. Waste form code W519	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 0	B. Quantity generated in 2001 0	C. UOM Density P lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method H			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method H	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method H	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.</p> <p>Otherwise, skip Section 4.</p>		<p>A. As of December 31, did any of this waste remain on-site in:</p> <table style="width: 100%;"> <tr> <td></td> <td style="text-align: right;"><b>YES</b></td> <td style="text-align: right;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: right;"><input checked="" type="checkbox"/> X</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	2432	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 1, BOX D: W519 - MISCELLANEOUS THORIUM SAMPLES

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>PLANT 2/3 INSTRUMENTS CONTAINING MERCURY</b>			
B. Hazardous waste codes <b>D009</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W117</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sq <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.</p> <p>Otherwise, skip Section 4.</p>		<p>A. As of December 31, did any of this waste remain on-site in:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>356</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	<p><b>SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN</b></p>
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<b>Extra Waste Codes:</b>	
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# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>PLANT 2/3 NITRIC ACID SOLUTION - DENITRIFICATION</b>			
B. Hazardous waste codes <b>D002</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W103</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sq <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	1959	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

Extra Waste Codes:



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State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CAUSTIC SOLUTION FOR WASTEWATER TREATMENT</b>			
B. Hazardous waste codes <b>D002</b>  More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W110</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>157</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	1184	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>ABSORENT MATERIAL FOR LIQUID</b>			
B. Hazardous waste codes <b>D002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G32</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W310</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> YES (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	242	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>UNH CRYSTALS LIQUIFIED WITH WATER</b>			
B. Hazardous waste codes <b>D002</b> <div style="text-align: right;">More... <input type="checkbox"/></div>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W105</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:		
		1. a greater than 90 day storage unit..... YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> a. generated during 2001 <input checked="" type="checkbox"/> b. generated prior to 2001 2. an inactive disposal unit undergoing closure <input type="checkbox"/> <input checked="" type="checkbox"/>		
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	50	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

## OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>PLANT 8 THORIUM CONTAMINATED SUMP SLUDGE</b>			
B. Hazardous waste codes <b>D005 D006 D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:		
		1. a greater than 90 day storage unit..... YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> a. generated during 2001 <input checked="" type="checkbox"/> b. generated prior to 2001		
		2. an inactive disposal unit undergoing closure <input type="checkbox"/> X		
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	884	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

Comments: SECTION 1, BOX D: W319 - THORIUM-CONTAMINATED SLUDGE

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:



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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>PPE/TRASH</b>			
B. Hazardous waste codes <b>D005 D006 D007 D008 D009 D010 D011</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	2359	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



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OH6890008976

### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>SLUDGE FROM DECONTAMINATION OF PLANT 9 EQUIPMENT</b>			
B. Hazardous waste codes <b>D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:  1. a greater than 90 day storage unit..... YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> a. generated during 2001 X b. generated prior to 2001 2. an inactive disposal unit undergoing closure <input type="checkbox"/> <input checked="" type="checkbox"/>		
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	12593	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

Comments: SECTION 1, BOX D: W319 - SLUDGE/MUD FROM D&D ACTIVITIES

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>OIL/SLUDGE FROM PLANT 6</b>			
B. Hazardous waste codes <b>D008</b> <div style="text-align: right;">More... <input type="checkbox"/></div>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	40437	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W319 - SUMP SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

Extra Waste Codes:

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2001 Annual Hazardous Waste Report

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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>USED OIL FROM PLANT 6 ROLLING MILL</b>			
B. Hazardous waste codes <b>D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W206</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>88</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b>  <table> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    X a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
X a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	1289	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**



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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>TC-99 ANALYSIS EXTRACTION WASTE</b>			
B. Hazardous waste codes <b>D002 D022</b> More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W101</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-Site? Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	276	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN
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<b>Extra Waste Codes:</b>	
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# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>RADIUM ANALYSIS WASTE</b>			
B. Hazardous waste codes <b>D002 D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W103</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>102</b>	<b>P</b>	<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
<b>UNIT 2</b>				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
<b>UNIT 3</b>				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
<b>UNIT 4</b>				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SHOT BLAST RESIDUE FROM PLANT 8 BINS AND SILOS</b>			
B. Hazardous waste codes <b>D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:		
		1. a greater than 90 day storage unit..... YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> a. generated during 2001 <input checked="" type="checkbox"/> b. generated prior to 2001 2. an inactive disposal unit undergoing closure <input type="checkbox"/> X		
B. Storage or disposal method.	Handling code	Amount	UOM	Density
UNIT 1	S01	6475	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

Comments: SECTION 1, BOX D: W319 - THORIUM-CONTAMINATED PAINT CHIPS

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

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State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report

4156



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>ACID WASTE WITH METHANOL FROM LAB ANALYSES</b>			
B. Hazardous waste codes <b>D002 D007 D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W204</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>129</b>	B. Quantity generated in 2001 <b>750</b>	C. UOM <b>P</b> lbs/gal <input type="checkbox"/> sq <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input checked="" type="checkbox"/> continue to system 1) No <input type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H077</b> Quantity treated, disposed or recycled in 2001 <b>293</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:		
		1. a greater than 90 day storage unit..... YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> X a. generated during 2001 X b. generated prior to 2001 2. an inactive disposal unit undergoing closure X		
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	771	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:



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State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>BULKING PROJECT CONTACT WASTE</b>			
B. Hazardous waste codes <b>F001 F002 F003 F005</b>  More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b>  lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE  Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	207	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>OIL, SLUDGE AND PLASTIC DEBRIS FROM LIQUID BULKING</b>			
B. Hazardous waste codes <b>D006 D008 D029 D039 D040</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input checked="" type="checkbox"/> Yes (continue to box B) - See Section 3 <input type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped <b>TDR000005397</b>	C. Management Method <b>H129</b>	D. Total quantity shipped in 2001 <b>20252</b>
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 3, BOX C: H129 - THERMAL DESORPTION

Extra Waste Codes:

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## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>RCRA HAZARDOUS T-HOPPER</b>			
B. Hazardous waste codes <b>D007 D010</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 X No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method	D. Total quantity shipped in 2001 <b>20252</b>
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>		<b>348</b>		lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

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State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>RCRA HAZARDOUS T-HOPPER</b>			
B. Hazardous waste codes <b>D007</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																						
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td></td> <td><b>X</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    <b>X</b> b. generated prior to 2001</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td></td> <td><b>X</b></td> </tr> </table>					<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....		<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001				<b>X</b> b. generated prior to 2001				2. an inactive disposal unit undergoing closure	<input type="checkbox"/>		<b>X</b>
		<b>YES</b>	<b>NO</b>																					
1. a greater than 90 day storage unit.....		<b>X</b>	<input type="checkbox"/>																					
<input type="checkbox"/> a. generated during 2001																								
<b>X</b> b. generated prior to 2001																								
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>		<b>X</b>																					
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>																				
<b>UNIT 1</b>	<b>S01</b>	<b>553</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN**

**Extra Waste Codes:**



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State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>OILY SLUDGE FROM BUILDING 12 D&amp;D</b>			
B. Hazardous waste codes <b>D008 D009 D010</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W603</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>772</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	772	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

## Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>RCRA HAZARDOUS WATER FOR WWTS</b>			
B. Hazardous waste codes <b>D002 D006 D007 D008 D009 D018 D019 D021 D035 D039 D040</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W101</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>6962</b>	B. Quantity generated in 2001 <b>725</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input checked="" type="checkbox"/> (continue to system 1) No <input type="checkbox"/> skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H077</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	
Quantity treated, disposed or recycled in 2001 <b>15279</b>			Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    X a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
X a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	5638	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

# OhioEPA

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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CYANIDE</b>			
B. Hazardous waste codes <b>D003</b> More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W506</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>4</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CORROSIVE SLUDGE</b>			
B. Hazardous waste codes <b>D002</b> More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W519</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td></td> <td style="text-align: right;"><b>YES</b></td> <td style="text-align: right;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	439	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W519 - CORROSIVE SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:



## OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>RCRA SAMPLES AWAITING DISPOSITION</b>			
B. Hazardous waste codes D001 D002 D004 D005 D006 D007 D008 D009 D010 D011 D012 D013 D014 D015 D018 D019 D020 D021 D022 D023 D024 D025 D026 D028 D029 D030 D031 D032 D033 D034 D035 D036 D037 D038 D039 D040 D042 D043 F002 F003 F005 More... <input type="checkbox"/>				
C. Source Code G22	Report the Management Method Code if the Source code is G25	Management Method code H	D. Waste form code W319	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 2758	B. Quantity generated in 2001 139	C. UOM Density P lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method H		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method H		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method H	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:  1. a greater than 90 day storage unit..... YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> X a. generated during 2001 X b. generated prior to 2001 2. an inactive disposal unit undergoing closure <input type="checkbox"/> X		
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	8686	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

Comments: SECTION 1, BOX D: W319 - SOIL AND MISCELLANEOUS SAMPLES

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>RCRA/PCB SAMPLES</b>			
B. Hazardous waste codes D001 D002 D004 D005 D006 D007 D008 D009 D010 D011 D012 D013 D014 D015 D018 D019 D020 D021 D022 D023 D024 D025 D026 D028 D029 D030 D031 D032 D033 D034 D035 D036 D037 D038 D039 D040 D042 D043 F002 F003 F005 More... <input type="checkbox"/>				
C. Source Code G22	Report the Management Method Code if the Source code is G25	Management Method code H	D. Waste form code W319	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 0	B. Quantity generated in 2001 0	C. UOM Density P	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method H			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method H	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method H	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	2530	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 1, BOX D: W319 - SOIL, SLUDGE AND MISCELLANEOUS SAMPLES CONTAMINATED WITH PCBS

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

## Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>LEAD AND ASBESTOS -CONTAMINATED LIQUID AND DEBRIS</b>			
B. Hazardous waste codes <b>D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>171</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>  <b>SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN</b>
--

<b>Extra Waste Codes:</b>  
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## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>NON-EXCLUDED SILO PROJECT MATERIAL</b>			
B. Hazardous waste codes <b>D004 D006 D007 D008 D011</b> More... <input type="checkbox"/>				
C. Source Code <b>G22</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	1419	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W319 - SILO MATERIAL AND CONTACT WASTE

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

Extra Waste Codes:



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## 2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>METHANOL CONTACT WASTE</b>			
B. Hazardous waste codes <b>U154</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
<b>Site 1</b>	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
<b>Site 2</b>			
<b>Site 3</b>			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	43	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>INSOLUBLE OIL</b>			
B. Hazardous waste codes <b>D006 D008 D029 D039 D040</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W206</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units																	
<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.</p> <p>Otherwise, skip Section 4.</p>		<p>A. As of December 31, did any of this waste remain on-site in:</p> <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	4786	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

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## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>OILY OXIDATION SLUDGES WITH HIGH FREE METAL</b>			
B. Hazardous waste codes <b>D001 D039 F002</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W603</b>	E. RCRA-radioactive mixed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;">YES</td> <td style="width:10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	2573	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**      SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

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## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED SOLVENT - TRICHLOR, PERCHLOR</b>			
B. Hazardous waste codes <b>D007 D018 D019 D021 D029 D039 D040 F001</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W204</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b>  <div style="display: flex; justify-content: space-between;"> <div>           1. a greater than 90 day storage unit.....                <input type="checkbox"/> a. generated during 2001                <input checked="" type="checkbox"/> b. generated prior to 2001            2. an inactive disposal unit undergoing closure         </div> <div style="text-align: center;"> <b>YES</b>  <input checked="" type="checkbox"/> </div> <div style="text-align: center;"> <b>NO</b>  <input type="checkbox"/>   <input checked="" type="checkbox"/> </div> </div>		
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>
UNIT 1	S01	1079	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN**

**Extra Waste Codes:**



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State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED OIL - INSOLUBLE</b>			
B. Hazardous waste codes <b>D008 D009 D039 F002 F003 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	39	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 1, BOX D: W409 - OIL/SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>OILY SLUDGES</b>			
B. Hazardous waste codes <b>D007 F001</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W603</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>237</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN**

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SOLVENT SLUDGES</b>			
B. Hazardous waste codes <b>D001 D008 D035 F003 F005</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td>—</td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	—	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	—																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	162	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W409 - PAINT/HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

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State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>OILY SLUDGES</b>			
B. Hazardous waste codes <b>D006 D008 D029 D039 D040</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	222	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W409 - OIL/HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

Extra Waste Codes:



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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED BURNABLES</b>			
B. Hazardous waste codes <b>D039 D040 F002</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	5309	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>OILY SLUDGE</b>			
B. Hazardous waste codes <b>D010 D035 F002</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	2452	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W409 - OIL/HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>OILY SLUDGE</b>			
B. Hazardous waste codes <b>D008 D018 D019 F002</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	526	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 1, BOX D: W409 - OIL/HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report

4156



OR ENTER GENERATOR ID NUMBER  
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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>GRIT BLAST</b>			
B. Hazardous waste codes <b>D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>1284</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>		<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>																		
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	6283	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W319 - GRIT BLAST RESIDUE

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

Extra Waste Codes:



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## 2001 Annual Hazardous Waste Report

4156



OR ENTER GENERATOR ID NUMBER  
PLACE PREPRINTED LABEL HERE  
OH6890008976

### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>NON-RECOVERABLE TRASH</b>			
B. Hazardous waste codes <b>D008 F002</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	6296	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W409 - TRASH AND OILY SLUDGE

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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OH6890008976

## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>1,1,1-TRICHLOROETHANE STILL BOTTOMS</b>			
B. Hazardous waste codes <b>D009 F001 F002</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>19</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON SITE? Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	13675	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W409 - 1,1,1-TRICHLOROETHANE STILL BOTTOMS (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED OIL, INSOLUBLE</b>			
B. Hazardous waste codes <b>D039 D040 F001</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:		
		1. a greater than 90 day storage unit..... YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> a. generated during 2001 <input checked="" type="checkbox"/> b. generated prior to 2001 2. an inactive disposal unit undergoing closure <input type="checkbox"/> <input checked="" type="checkbox"/>		
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	3986	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

Comments: SECTION 1, BOX D: W409 - OIL/SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>OILY SLUDGE</b>			
B. Hazardous waste codes <b>D008 D028</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td style="text-align: right;"><b>YES</b></td> <td style="text-align: right;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	1435	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W409 - OIL/SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

Extra Waste Codes:



# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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OH6890008976

## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>FLOOR SUMP CLEANOUT SLUDGE</b>			
B. Hazardous waste codes <b>D029 F002</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	541	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W409 - SUMP SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

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State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>MIXED SOLVENTS FROM TANKS T-5 AND T-6</b>			
B. Hazardous waste codes <b>D001 D022 D028 D029 D035 F001 F002 F003 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;">YES</td> <td style="width:10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	1696	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	SECTION 1, BOX D: W409 - SOLVENT SLUDGE (NON-PUMPABLE)  SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN
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<b>Extra Waste Codes:</b>	
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# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>OIL-CONTAMINATED WET SUMP OR FILTER CAKE</b>			
B. Hazardous waste codes <b>D011</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W519</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/> X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	53896	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W519 - SUMP AND FILTER CAKE

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED INSOLUBLE OIL</b>			
B. Hazardous waste codes <b>D019 D029 D039 D040 F001</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	585	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W409 - OIL/HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:



## OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SCRAP SALTS AND FLOOR SWEEPINGS</b>			
B. Hazardous waste codes <b>D007 D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
<b>Site 1</b>	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
<b>Site 2</b>			
<b>Site 3</b>			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>1909</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W319 - SCRAP SALTS AND FLOOR SWEEPINGS

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED OIL - INSOLUBLE</b>			
B. Hazardous waste codes <b>D039 D040 F001</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM <b>P</b> Density lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	159	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W409 - OIL/HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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OH6890008976

## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>PROCESS RESIDUES, TRAILER CAKES, SLURRIES AND RAFFINATES</b>			
B. Hazardous waste codes <b>F005</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	19	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 1, BOX D: W319 - URANIUM PROCESS RESIDUE SAMPLES

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

9218

4156

## OhioEPA

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.): <b>WASTE OIL FROM PLANT 8 MAINTENANCE</b>			
B. Hazardous waste codes <b>D019 D022 D028 D029 D039 F001 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	86	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W409 - SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

Extra Waste Codes:



# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>DUST COLLECTOR BAGS</b>			
B. Hazardous waste codes <b>D007</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	38	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
PLACE PREPRINTED LABEL HERE  
OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>DUST COLLECTOR BAGS</b>			
B. Hazardous waste codes <b>D006</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	364	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

## Extra Waste Codes:

## OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

OR ENTER GENERATOR ID NUMBER  
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OH6890008976

## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>NON-METALLIC SAMPLES</b>			
B. Hazardous waste codes <b>D005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/> X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>192</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED NON-BURNABLES</b>			
B. Hazardous waste codes <b>D006 D07 D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G49</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
<b>UNIT 1</b>	<b>S01</b>	<b>391</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX C: G49 - ASBESTOS REMOVAL DEBRIS

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:



# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>OILY SLUDGES</b>			
B. Hazardous waste codes <b>D001 D019 D039 D040 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25 <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: right;"><input checked="" type="checkbox"/> X</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/> X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	30591	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 1, BOX D: W409 - OIL/HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAAct) SITE TREATMENT PLAN

## Extra Waste Codes:

## OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>WET SUMP OR FILTER CAKE - OIL-CONTAMINATED</b>			
B. Hazardous waste codes <b>D040 F002</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:  <div style="display: flex; justify-content: space-between;"> <div>           1. a greater than 90 day storage unit.....                <input type="checkbox"/> a. generated during 2001                <input checked="" type="checkbox"/> b. generated prior to 2001            2. an inactive disposal unit undergoing closure         </div> <div style="text-align: right;">           YES            X             NO             X         </div> </div>		
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	19408	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

Comments: SECTION 1, BOX D: W409 - LAUNDRY SUMP CLEANOUT (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED SOLVENT - TRICHLOR, PERCHLOR</b>			
B. Hazardous waste codes <b>D001 F002 F003 F005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure		X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure		X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	1747	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W409 - SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
PLACE PREPRINTED LABEL HERE

OH6890008976

## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>OIL CONTAMINATED WITH SOLVENT - (TANK T-5)</b>			
B. Hazardous waste codes <b>D018 F001</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE? Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC. 3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	1650	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 1, BOX D: W409 - OIL/HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**



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OH6890008976

## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>PROCESS RESIDUES, TRAILER CAKES, SLURRIES AND RAFFINATES</b>			
B. Hazardous waste codes <b>D039</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W609</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE? Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:		
		1. a greater than 90 day storage unit..... YES NO <input checked="" type="checkbox"/> a. generated during 2001 X <input type="checkbox"/> <input checked="" type="checkbox"/> b. generated prior to 2001 2. an inactive disposal unit undergoing closure <input type="checkbox"/> X		
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	1001	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

Comments: SECTION 1, BOX D: W609 - SLUDGE FROM SUMP CATCH BASIN

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

Extra Waste Codes:

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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>WET SUMP OR FILTER CAKE - NON-OILY, NON-HALIDE</b>			
B. Hazardous waste codes <b>D039</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W609</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	908	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W609 - SUMP CLEANOUT SLUDGE

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>OILY SLUDGES, HIGH FREE METAL</b>			
B. Hazardous waste codes <b>D001 D039 D040</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated: disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 70%;"></td> <td style="width: 15%; text-align: center;">YES</td> <td style="width: 15%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	7374	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:	SECTION 1, BOX D: W409 - OIL/HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)  SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN
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Extra Waste Codes:	
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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>NON-OILY CLEANOUT SLUDGES FOR ROASTING</b>			
B. Hazardous waste codes <b>D019 D039</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
<b>Site 1</b>	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
<b>Site 2</b>			
<b>Site 3</b>			

SECTION 4		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:		
		1. a greater than 90 day storage unit..... YES NO <input checked="" type="checkbox"/> a. generated during 2001 X <input type="checkbox"/> <input checked="" type="checkbox"/> b. generated prior to 2001 2. an inactive disposal unit undergoing closure <input type="checkbox"/> X		
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	1770	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

Comments: SECTION 1, BOX D: W409 - SUMP CLEANOUT (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>DISCARD PROCESS RESIDUES</b>			
B. Hazardous waste codes <b>D002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W519</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<b>Onsite system 1</b> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<b>On-site system 2</b> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
<b>Site 1</b>	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
<b>Site 2</b>			
<b>Site 3</b>			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure		<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure		<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>168</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:****SECTION 1, BOX D: W519 - SUMP SLUDGE**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN**

**Extra Waste Codes:**

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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SOIL/ROCKS - PILOT PLANT SUMP</b>			
B. Hazardous waste codes <b>D039</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W301</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	40180	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



OR ENTER GENERATOR ID NUMBER  
PLACE PREPRINTED LABEL HERE  
OH6890008976

### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>MISCELLANEOUS THORIUM</b>			
B. Hazardous waste codes <b>D009</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	1027	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>NON-RECOVERABLE TRASH</b>			
B. Hazardous waste codes <b>D019</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sq <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	299	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:



# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED BURNABLES</b>			
B. Hazardous waste codes <b>D007 F002</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W303</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM <b>P</b> Density lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	175	P	<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 2				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 3				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 4				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report

4158



OR ENTER GENERATOR ID NUMBER  
PLACE PREPRINTED LABEL HERE  
OH6890008976

## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>DUST COLLECTOR BAGS</b>			
B. Hazardous waste codes <b>D007</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	26	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>ROASTED MGF2 AND OTHER MATERIAL</b>			
B. Hazardous waste codes <b>D004 D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure		X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure		X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	5218	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN**

## Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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QH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>NON-OILY SLUDGE FOR ROASTING</b>			
B. Hazardous waste codes <b>D001 D010 D011</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>		On-site Management Method <b>H</b>		
Quantity treated, disposed or recycled in 2001		Quantity treated, disposed or recycled in 2001		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	104	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 1, BOX D: W409 - SUMP CLEANOUT

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:



# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED SUMP WATER AND HYDRAULIC OIL</b>			
B. Hazardous waste codes <b>D001 D008 D019 D039 D040</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	637	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W409 - OIL/HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>WET CAKE, NON-OILY/HALIDE</b>			
B. Hazardous waste codes <b>D001 D039 D040</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W609</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs./gal. sq.	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC. 3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	171	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W609 - SUMP CAKE

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>OILY MAGNESIUM FLUORIDE</b>			
B. Hazardous waste codes <b>D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;">..</td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	..	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	..																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	635	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

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State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>PROCESS RESIDUES, TRAILER CAKES, SLURRIES, RAFFINATES</b>			
B. Hazardous waste codes <b>D006 D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;">..</td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure ..</td> <td></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	..	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure ..		X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	..																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure ..		X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	2201	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:



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State of Ohio Environmental Protection Agency

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### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>NON-OILY OXIDATION SLUDGES WITH HIGH OR LOW FREE METAL</b>			
B. Hazardous waste codes <b>D004 D006 D007 D008 D010 D019 D039 D040</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 70%;"></td> <td style="width: 15%; text-align: center;"><b>YES</b></td> <td style="width: 15%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	5158	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 1, BOX D: W319 - SLUDGE GENERATED FROM METAL REDUCTION AREA

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>ROASTED CALCIUM-PRECIPITATED SUMP AND FILTER CAKE</b>			
B. Hazardous waste codes <b>F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W304</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <b>X</b> Yes (continue to box B) - See Section 3 NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>416</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN**

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SCRAP U308 - LOW F</b>			
B. Hazardous waste codes <b>F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W304</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <b>X</b> Yes (continue to box B) - See Section 3 No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	80	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

## Extra Waste Codes:

## OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>ROASTED OFF-SITE SUMP CAKE</b>			
B. Hazardous waste codes <b>D007</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W304</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	32966	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:



## OhioEPA

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>NON-OILY SLUDGE FOR ROASTING</b>			
B. Hazardous waste codes <b>D007</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W307</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> YES (continue to box B) - See Section 3 X NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	445	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

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# OhioEPA

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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SALT SLUDGE FOR PLANT 8</b>			
B. Hazardous waste codes <b>D004 D039</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 X No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>1400</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>FURNACE SALT, NON-CHLORIDE</b>			
B. Hazardous waste codes <b>D001 D004 D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 X No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	1838	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN**

**Extra Waste Codes:**

## OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>FURNACE SALT, NON-CHLORIDE</b>			
B. Hazardous waste codes <b>D001</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 X No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	169	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:



## OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>FURNACE SALT, NON-CHLORIDE</b>			
B. Hazardous waste codes <b>D007 D008 D010</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;">...</td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	...	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	...																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	20524	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

## OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

OR ENTER GENERATOR ID NUMBER  
PLACE PREPRINTED LABEL HERE0H6890008976

## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>SLUDGES FOR BLENDING</b>			
B. Hazardous waste codes <b>D007</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> YES (continue to box 8) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X		<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure		X
	YES	NO																	
1. a greater than 90 day storage unit.....	X																		
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure		X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	457	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W319 - SLUDGES FROM MACHINING OPERATIONS

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>OILY SLUDGES FOR OXIDATION</b>			
B. Hazardous waste codes <b>D001 F001</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W519</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	2353	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W519 - SLUDGE

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>MISCELLANEOUS MATERIAL FOR RECOVERY</b>			
B. Hazardous waste codes <b>D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W519</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 X No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>563</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W519 - NON-OILY SLUDGES FOR OXIDATION

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

Extra Waste Codes:



# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
PLACE PREPRINTED LABEL HERE

OH6890008976

## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SLUDGES, OILY FOR OXIDATION, HIGH FREE METALS</b>			
B. Hazardous waste codes <b>D001 D019</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W519</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	3825	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W519 - SLUDGE

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

## OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

OR ENTER GENERATOR ID NUMBER  
PLACE PREPRINTED LABEL HERE

OH6890008976

## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>DUST COLLECTOR RESIDUES - HIGH FLUORIDE</b>			
B. Hazardous waste codes <b>D008</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	192	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W319 - DUST COLLECTOR RESIDUES

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>U308, + 8 MESH, LOW F</b>			
B. Hazardous waste codes <b>D007 F001 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> YES (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>1411</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>FURNACE SALT, NON-CHLORIDE</b>			
B. Hazardous waste codes <b>D008 D010</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 X No (skip to SEC. 4)		
Site 1.	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;"><b>YES</b></td> <td style="width:10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	2303	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**



# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>OFF-SPEC PAINT</b>			
B. Hazardous waste codes <b>D001</b> More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W209</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>6</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN**

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED SOLUBLE OIL</b>			
B. Hazardous waste codes <b>D001 D018</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W206</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	322	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED WATER, NON-CHLORIDE</b>			
B. Hazardous waste codes <b>D018 D019 D021 D035 D039 D040</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W101</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	626	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

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## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED SOLVENTS</b>			
B. Hazardous waste codes <b>D001 D018</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC. 3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 X No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	65	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W409 - NON-HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:



# OhioEPA

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## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SOLVENTS AND FILTER MATERIAL</b>			
B. Hazardous waste codes <b>F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W310</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 X No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;"><b>YES</b></td> <td style="text-align: right;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: right;"><input checked="" type="checkbox"/> X</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>4382</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>USED CHLORINATED SOLVENT MIXTURE</b>			
B. Hazardous waste codes <b>D001 D007 D008 D009 D039 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 X No (skip to SEC. 4)		
<b>Site 1</b>	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
<b>Site 2</b>			
<b>Site 3</b>			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>6550</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W409 - HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

Extra Waste Codes:

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State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>WASTE SOLVENT FROM BOILER PLANT</b>			
B. Hazardous waste codes <b>D001 D008 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 X No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	804	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W409 - HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

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## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>USED 1,1,1-TRICHLOROETHANE MIXTURE</b>			
B. Hazardous waste codes <b>D001 D008 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> YES (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	67	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W409 - HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**



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## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>ORGANIC SOLVENT MIXTURE FROM PLANT 8 MAINTENANCE</b>			
B. Hazardous waste codes <b>D001 D008 D009 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	142	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W409 - OIL/HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

Extra Waste Codes:

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## 2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>USED OIL FROM PLANT 2/3 MAINTENANCE</b>			
B. Hazardous waste codes <b>D006 D008 D009 D018 D019 D021 D035 D040 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;">YES</td> <td style="width:10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	385	P	<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 2				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 3				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 4				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															

<b>Comments:</b>	SECTION 1, BOX D: W409 - OIL/HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)
SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN	

<b>Extra Waste Codes:</b>	
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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED INSOLUBLE OIL</b>			
B. Hazardous waste codes <b>D008 F001</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																						
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1.</td> <td>a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td></td> <td>X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td>an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>					YES	NO	1.	a greater than 90 day storage unit.....	X	<input type="checkbox"/>		<input type="checkbox"/> a. generated during 2001				X b. generated prior to 2001			2.	an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
		YES	NO																					
1.	a greater than 90 day storage unit.....	X	<input type="checkbox"/>																					
	<input type="checkbox"/> a. generated during 2001																							
	X b. generated prior to 2001																							
2.	an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																					
B. Storage or disposal method	Handling code	Amount	UOM	Density																				
UNIT 1	S01	839	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				

Comments: SECTION 1, BOX D: W409 - USED OIL/HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED LUBRICATING OIL</b>			
B. Hazardous waste codes <b>D018 D039</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;"><b>YES</b></td> <td style="width:10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/> NO	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/> NO																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>913</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	SECTION 1, BOX D: W409 - OILY SLUDGE (NON-PUMPABLE)  SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAAct) SITE TREATMENT PLAN
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<b>Extra Waste Codes:</b>	
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## OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
PLACE PREPRINTED LABEL HERE  
OH6890008976

## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>SOLVENT-CONTAMINATED WASTE OIL</b>			
B. Hazardous waste codes <b>D008 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> YES (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	1127	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 1, BOX D: W409 - USED OIL/HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED INSOLUBLE OIL</b>			
B. Hazardous waste codes <b>D001 D008 D009 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W219</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:		
		1. a greater than 90 day storage unit..... YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> a. generated during 2001 X b. generated prior to 2001 2. an inactive disposal unit undergoing closure <input type="checkbox"/> X		
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	1084	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

## Comments:

SECTION 1, BOX D: W219 - OIL /HALOGENATED SOLVENT MIX

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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0H6890008976

### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED INSOLUBLE OIL FROM MAINTENANCE</b>			
B. Hazardous waste codes <b>D001 D007 D008 D019 D040 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	484	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W409 - OIL/SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>USED CONTAMINATED MACHINE AND ENGINE OIL</b>			
B. Hazardous waste codes <b>D001 D008 D010 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	2772	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W409 - USED OIL/HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:



# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>WASTE OIL FROM PLANT 8 MAINTENANCE</b>			
B. Hazardous waste codes <b>D001 D005 D006 D007 D008 D010 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM <b>P</b> lbs/gal <input type="checkbox"/> sq <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>1811</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W409 - USED OIL/HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>USED OIL CONTAMINATED WITH SOLVENTS</b>			
B. Hazardous waste codes <b>D001 D008 D039 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><b>X</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <b>X</b> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><b>X</b></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<b>X</b> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<b>X</b>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<b>X</b>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<b>X</b> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<b>X</b>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>253</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:** SECTION 1, BOX D: W409 - USED OIL/HALOGENATED SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
PLACE PREPRINTED LABEL HERE  
OH6890008976

## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>TBP/KEROSENE FROM PLANT 2/3 EXTRACTION</b>			
B. Hazardous waste codes <b>D008 D018 D019 D039 D040</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W204</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> YES (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	18050	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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OH6890008976

## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED BURNABLE TRASH</b>			
B. Hazardous waste codes <b>D018 D019 D039 D040</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 X No (skip to SEC. 4)		
<b>Site 1</b>	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
<b>Site 2</b>			
<b>Site 3</b>			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	275	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**



# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>ASBESTOS ABATEMENT DEBRIS</b>			
B. Hazardous waste codes <b>D008</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W319</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	2544	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W319 - ASBESTOS AND PAINT CHIPS

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>USED OIL WASTE DESTINED FOR INCINERATION AT OIL BURNER</b>			
B. Hazardous waste codes <b>D001 D007 D008 D018 D019 D039 D040</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.</p> <p>Otherwise, skip Section 4.</p>		<p>A. As of December 31, did any of this waste remain on-site in:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>689</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	<p><b>SECTION 1, BOX D: W409 - USED OIL/SOLVENT SLUDGE (NON-PUMPABLE)</b></p> <p><b>SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN</b></p>
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<b>Extra Waste Codes:</b>	
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## OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

OR ENTER GENERATOR ID NUMBER  
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OH6890008976

## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>OILY SLUDGES FOR OXIDATION, HIGH FREE METAL</b>			
B. Hazardous waste codes <b>D001 F001 F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>														
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b>  <table style="width: 100%;"> <tr> <td style="width: 80%;">1. a greater than 90 day storage unit.....</td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td style="text-align: center;"><b>X</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><b>X</b> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><b>X</b></td> </tr> </table>			1. a greater than 90 day storage unit.....	<b>YES</b>	<b>NO</b>	<input type="checkbox"/> a. generated during 2001	<b>X</b>	<input type="checkbox"/>	<b>X</b> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<b>X</b>
1. a greater than 90 day storage unit.....	<b>YES</b>	<b>NO</b>														
<input type="checkbox"/> a. generated during 2001	<b>X</b>	<input type="checkbox"/>														
<b>X</b> b. generated prior to 2001																
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<b>X</b>														
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>												
<b>UNIT 1</b>	<b>S01</b>	<b>1968</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>												
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>												
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>												
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>												

**Comments:** SECTION 1, BOX D: W409 - USED OIL/SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>NON-OILY SEMI-SOLIDS</b>			
B. Hazardous waste codes <b>D001</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	4806	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	SECTION 1, BOX D: W409 - SUMP CLEANOUT SLUDGE  SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN
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<b>Extra Waste Codes:</b>	
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# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>PILOT PLANT TBP EXTRACTION SLUDGES</b>			
B. Hazardous waste codes <b>D001</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W609</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/> X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	716	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W609 - NON-HALOGENATED SOLVENT SLUDGE

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

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State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>PAINT THINNER AND PAINT RESIDUES</b>			
B. Hazardous waste codes <b>D009 D018 D035</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 X No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	94	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 1, BOX D: W409 - PAINT THINNER AND PAINT RESIDUES (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>MERCURY-CONTAMINATED MATERIAL</b>			
B. Hazardous waste codes <b>D004</b> More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>59</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	59	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

...Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>FURNACE SALT</b>			
B. Hazardous waste codes <b>D005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W304</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> YES (continue to box B) - See Section 3 X NO (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	77474	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:



## OhioEPA

State of Ohio Environmental Protection Agency

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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>ROTEXED U308 FURNACE PRODUCT</b>			
B. Hazardous waste codes <b>F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W304</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001		On-site Management Method <b>H</b>	Quantity treated, disposed or recycled in 2001

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	584	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

**Extra Waste Codes:**

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State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>U308 ROTEXED PLANT 8 FURNACE PRODUCT</b>			
B. Hazardous waste codes <b>F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W304</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 X <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X		<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X																		
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/> X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	698	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

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## 2001 Annual Hazardous Waste Report



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONTAMINATED BURNABLE TRASH</b>			
B. Hazardous waste codes <b>D005 D039</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 X No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

SECTION 4		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:		
		1. a greater than 90 day storage unit..... YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> a. generated during 2001 <input checked="" type="checkbox"/> b. generated prior to 2001 2. an inactive disposal unit undergoing closure <input type="checkbox"/> <input checked="" type="checkbox"/>		
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	5268	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCA) SITE TREATMENT PLAN

## Extra Waste Codes:

# OhioEPA

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## 2001 Annual Hazardous Waste Report

1156



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### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>CONCRETE, ROCKS, FLOOR SWEEPINGS AND TRASH</b>			
B. Hazardous waste codes <b>D005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;">X</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	37009	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

<b>Comments:</b>	SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN
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<b>Extra Waste Codes:</b>	
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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>TRENCH SLUDGE</b>			
B. Hazardous waste codes <b>D005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	135	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:

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2001 Annual Hazardous Waste Report



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>HARDENED SALT BATH SLUDGE</b>			
B. Hazardous waste codes <b>D005</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W316</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 X No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

**Form GM (Continued)**

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.</p> <p>Otherwise, skip Section 4.</p>		<p>A. As of December 31, did any of this waste remain on-site in:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S01	178	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN**

**Extra Waste Codes:**

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2001 Annual Hazardous Waste Report

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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>SOLVENT SEMI-SOLID</b>			
B. Hazardous waste codes <b>D018 D019 D020 D029 D039 D040</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W409</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001			<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>  Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    X b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			X b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X
	YES	NO																	
1. a greater than 90 day storage unit.....	X	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
X b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	X																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	1331	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX D: W409 - OIL/SOLVENT SLUDGE (NON-PUMPABLE)

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

Extra Waste Codes:

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## Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>OILY WATER FROM PLANT 7 DECANT OPERATION</b>			
B. Hazardous waste codes <b>D001</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W205</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	27	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN

## Extra Waste Codes:



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## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>OILY RAGS AND GLOVES</b>			
B. Hazardous waste codes <b>F002</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W002</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S01</b>	<b>260</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN**

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>TSCA BATCH 10</b>			
B. Hazardous waste codes <b>D001 D005 D008 D018 D040 F001 F002 U154</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W206</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input checked="" type="checkbox"/> Yes (continue to box B) - See Section 3 <input type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped <b>TN0890090004</b>	C. Management Method <b>H040</b>	D. Total quantity shipped in 2001 <b>143051</b>
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;">           1. a greater than 90 day storage unit.....                <input type="checkbox"/> a. generated during 2001                <input type="checkbox"/> b. generated prior to 2001            2. an inactive disposal unit undergoing closure         </div> <div style="width: 15%; text-align: center;"> <b>YES</b>   <input type="checkbox"/>   <input type="checkbox"/> </div> <div style="width: 5%; text-align: center;"> <b>NO</b>             X             X         </div> </div>		
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>
UNIT 1				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

Comments:

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>TSCA BATCH 11</b>			
B. Hazardous waste codes <b>D001 D008 D018 D022 D039 F001 F002 F003 F005 U019 U123 U210 U211</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W206</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<u>Onsite system 1</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		<u>On-site system 2</u> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method	D. Total quantity shipped in 2001
Site 2			
Site 3			

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><b>X</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <b>X</b> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<b>X</b> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<b>X</b>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<b>X</b> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S02</b>	<b>80480</b>	<b>P</b>	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.**

**SECTION 4, BOX B; WASTE IS BEING STORED IN A TANK PRIOR TO OFF-SITE SHIPMENT AS PART OF THE SITE'S CERCLA REMEDIAL ACTIVITIES.**

**Extra Waste Codes:**

# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



OR ENTER GENERATOR ID NUMBER  
PLACE PREPRINTED LABEL HERE

OH6890008976

### Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <b>TSCA BATCH 12</b>			
B. Hazardous waste codes <b>D001 D004 D005 D006 D007 D008 D009 D010 D011 D018 D019 D021 D022 D026 D027 D028 D029 D035 D038 D039 D040 D043 F001 F002 F003 F005 U019 U080 U123 U154 U210 U211</b>				
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is <b>G25</b>	Management Method code <b>H</b>	D. Waste form code <b>W206</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 2000 <b>3459</b>	B. Quantity generated in 2001 <b>0</b>	C. UOM <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

SECTION 3	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped	C. Management Method <b>H</b>	D. Total quantity shipped in 2001
Site 2			
Site 3			

## Form GM (Continued)

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		<b>A. As of December 31, did any of this waste remain on-site in:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input checked="" type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input checked="" type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
UNIT 1	S02	148400	P	<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 2				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 3				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															
UNIT 4				<div style="text-align: right;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></div>															

**Comments:**

**SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN**

**SECTION 4, BOX B: WASTE IS BEING STORED IN A TANK PRIOR TO OFF-SITE SHIPMENT AS PART OF THE SITE'S CERCLA REMEDIAL ACTIVITIES**

**Extra Waste Codes:**



# OhioEPA

State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

4156



OR ENTER GENERATOR ID NUMBER  
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OH6890008976

### Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>RCRA HAZARDOUS LAB PACKS - NON-RADIOLOGICALLY CONTAMINATED</b>			
B. Hazardous waste codes <b>D001 D002 D003 D005 D011</b> More... <input type="checkbox"/>				
C. Source Code <b>G11</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W001</b>	E. RCRA-radioactive mixed Yes <input type="checkbox"/> No <b>X</b>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>12228</b>	B. Quantity generated in 2001 <b>17140</b>	C. UOM Density <b>P</b> lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <b>X</b> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site Management Method <b>H</b> Quantity treated, disposed or recycled in 2001	

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <b>X</b> Yes (continue to box B) - See Section 3 <input type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID number of facility to which waste was shipped <b>IND093219012</b>	C. Management Method <b>H141</b>	D. Total quantity shipped in 2001 <b>17140</b>
Site 2			
Site 3			

<b>SECTION 4</b>		<b>On-site Waste Storage and Inactive Disposal Units</b>																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>    <input type="checkbox"/> a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> a. generated during 2001			<input type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<input type="checkbox"/> a. generated during 2001																			
<input type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:

Extra Waste Codes:

# OhioEPA

State of Ohio Environmental Protection Agency

2001 Annual Hazardous Waste Report



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OH6890008976

## Form GM - Generation and Management

<b>SECTION 1</b>	A. Hazardous waste description (60 characters max.) <b>RCRA SOIL</b>			
B. Hazardous waste codes		<b>D040</b>		
More... <input type="checkbox"/>				
C. Source Code <b>G43</b>	Report the Management Method Code if the Source code is G25	Management Method code <b>H</b>	D. Waste form code <b>W301</b>	E. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>SECTION 2</b>	A. Quantity generated in 2000 <b>0</b>	B. Quantity generated in 2001 <b>220</b>	C. UOM Density <b>Y 1.65</b> lbs/gal <input type="checkbox"/> sg <input checked="" type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
<b>Onsite system 1</b> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		<b>On-site system 2</b> RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>  On-site Management Method <b>H</b>		

<b>SECTION 3</b>	A. Was any of this waste shipped off site in 2001 <input type="checkbox"/> Yes (continue to box B) - See Section 3 <input checked="" type="checkbox"/> No (skip to SEC. 4)		
<b>Site 1</b>	B. EPA ID number of facility to which waste was shipped	C. Management Method	D. Total quantity shipped in 2001
<b>Site 2</b>			
<b>Site 3</b>			

## Form GM (Continued)

<b>SECTION 4</b>		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.  Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"><b>YES</b></td> <td style="width: 10%; text-align: center;"><b>NO</b></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>    X a. generated during 2001</td> <td></td> <td></td> </tr> <tr> <td>    <input type="checkbox"/> b. generated prior to 2001</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/> X</td> <td style="text-align: center;"><input checked="" type="checkbox"/> YES</td> </tr> </table>				<b>YES</b>	<b>NO</b>	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/> NO	X a. generated during 2001			<input type="checkbox"/> b. generated prior to 2001			2. an inactive disposal unit undergoing closure	<input type="checkbox"/> X	<input checked="" type="checkbox"/> YES
	<b>YES</b>	<b>NO</b>																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/> X	<input type="checkbox"/> NO																	
X a. generated during 2001																			
<input type="checkbox"/> b. generated prior to 2001																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/> X	<input checked="" type="checkbox"/> YES																	
<b>B. Storage or disposal method</b>	<b>Handling code</b>	<b>Amount</b>	<b>UOM</b>	<b>Density</b>															
<b>UNIT 1</b>	<b>S99</b>	<b>220</b>	<b>Y</b>	<b>1.65</b> lbs/gal <input type="checkbox"/> sg <input checked="" type="checkbox"/> X															
<b>UNIT 2</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 3</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
<b>UNIT 4</b>				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

## Comments:

SECTION 4, BOX B: S99 - WASTE IS BEING MANAGED IN A CORRECTIVE ACTION MANAGEMENT UNIT (CAMU) AS PART OF A CERCLA REMEDIAL ACTION.

## Extra Waste Codes:





State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

PLACE PREPRINTED LABEL HERE OR  
ENTER GENERATOR ID NUMBER

0 | H | 6 | 8 | 9 | 0 | 0 | 0 | 8 | 9 | 7 | 6 |

## Form OI - Off-site Transporter and Receiving Facility Information

1	A. EPA ID of transporter or receiving facility	B. Name of transporter or receiving facility (40 characters max.)	
	T   D   N   9   8   7   7   8   3   0   6   5	HITTMAN TRANSPORT SERVICES, INC.	
C. Handler type (check all that apply)		D. Address of receiving facility (address not required for transporters)	
<input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		Street _____ City _____ State _____ ZIP Code _____ - _____	

2	A. EPA ID of transporter or receiving facility	B. Name of transporter or receiving facility (40 characters max.)	
	T   N   D   0   5   8   4   8   4   1   1   4	HERITAGE TRANSPORT, LLC	
C. Handler type (check all that apply)		D. Address of receiving facility (address not required for transporters)	
<input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		Street _____ City _____ State _____ ZIP Code _____ - _____	

3	A. EPA ID of transporter or receiving facility	B. Name of transporter or receiving facility (40 characters max.)	
	F   E   R   0   0   0   0   0   6   3   2   0	LANDSTAR RANGER, INC.	
C. Handler type (check all that apply)		D. Address of receiving facility (address not required for transporters)	
<input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		Street _____ City _____ State _____ ZIP Code _____ - _____	

4	A. EPA ID of transporter or receiving facility	B. Name of transporter or receiving facility (40 characters max.)	
	T   N   0   8   9   0   0   9   0   0   0   4	USDOE K-25 SITE (ETTP)	
C. Handler type (check all that apply)		D. Address of receiving facility (address not required for transporters)	
<input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility		Street Highway 58, Blair Road City Oak Ridge State TN ZIP Code 37830 - _____	

5	A. EPA ID of transporter or receiving facility	B. Name of transporter or receiving facility (40 characters max.)	
	T   D   R   0   0   0   0   0   5   3   9   7	MATERIALS & ENERGY CORP.	
C. Handler type (check all that apply)		D. Address of receiving facility (address not required for transporters)	
<input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility		Street 2010 Hwy. 58, ETTP, K1005 City Oak Ridge State TN ZIP Code 37830 - _____	

4156



State of Ohio Environmental Protection Agency

## 2001 Annual Hazardous Waste Report

PLACE PREPRINTED LABEL HERE OR  
ENTER GENERATOR ID NUMBER

OH6890008976

Form **OI** - Off-site Transporter and Receiving Facility Information

1	A. EPA ID of transporter or receiving facility	B. Name of transporter or receiving facility (40 characters max.)	
	IND093219012	HERITAGE ENVIRONMENTAL SERVICES, INC.	
C. Handler type (check all that apply)		D. Address of receiving facility (address not required for transporters)	
<input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility		Street 7901 West Morris Street City Indianapolis State IN ZIP Code 46231-	

2	A. EPA ID of transporter or receiving facility	B. Name of transporter or receiving facility (40 characters max.)	
C. Handler type (check all that apply)		D. Address of receiving facility (address not required for transporters)	
<input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		Street City State ZIP Code -	

3	A. EPA ID of transporter or receiving facility	B. Name of transporter or receiving facility (40 characters max.)	
C. Handler type (check all that apply)		D. Address of receiving facility (address not required for transporters)	
<input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		Street City State ZIP Code -	

4	A. EPA ID of transporter or receiving facility	B. Name of transporter or receiving facility (40 characters max.)	
C. Handler type (check all that apply)		D. Address of receiving facility (address not required for transporters)	
<input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		Street City State ZIP Code -	

5	A. EPA ID of transporter or receiving facility	B. Name of transporter or receiving facility (40 characters max.)	
C. Handler type (check all that apply)		D. Address of receiving facility (address not required for transporters)	
<input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		Street City State ZIP Code -	